## P190000 84256

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORA	TION: GOLD	STREET HOLL	UNGS INC	
DOCUMENT NUMBEI	a: <u>P190000</u>	84256	NNGS INC	
The enclosed Articles of	Amendment and fee are su	bmitted for filing.		
Please return all correspo	ndence concerning this ma	tter to the following:		
	PATE	ICIA POLLARI		
Name of Contact Person				
	AFS			
		Firm/ Company		
	12534	NILES RD		
	•	Address		
	CORM :	SPRINGS, FL	33076	
_		City/ State and Zip Code	2	
	On all	1 A 1 1 1 1 A 1	A 4 A-1	
	E-mail address: (to be us	ALOUOTARA C	notification)	
		•		
For further information ed	oncerning this matter, pleas	se call:		
PATERCIA	POLLARI	at (954	) <del>355-3848</del>	
Name of Contact Person Area Code & Daytime Telephone Number				
Enclosed is a check for th	e following amount made	payable to the Florida Depa	artment of State:	
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Amendi Division P.O. Bo	<u>x Address</u> ment Section n of Corporations ox 6327 ssee, FL 32314	Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee, FL 32303	

## Articles of Amendment to Articles of Incorporation of

	DINGS INC	
(Name of Corporation as cu	urrently filed with the Florida Dept. of State)	
P190000 8425	6	
	mber of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statute its Articles of Incorporation:	es, this <i>Florida Profit Corporation</i> adopts the followin	g amendment(s) t
A. If amending name, enter the new name of the corporati	ion:	
		The new
name must be distinguishable and contain the word "corporati "Inc.," or Co.," or the designation "Corp," "Inc," or "C "chartered," "professional association," or the abbreviation	Co". A professional corporation name must contai	on "Corp.,"
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	)	
	·	<del></del>
		<u> </u>
C. Enter new mailing address, if applicable:		
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )		1
		<u></u>
		F:
		<del>- 133</del> 12
D. If amending the registered agent and/or registered offic new registered agent and/or the new registered office a		3 <u>3</u> 4
Name of New Registered Agent		_
(Flo	orida street address)	-
New Registered Office Address:	, Florida	
<u> </u>	(City) (Zip (	Code)
New Registered Agent's Signature, if changing Registered	Agent:	
l hereby accept the appointment as registered agent. I am far	mutar with and accept the obligations of the position.	
Signature of	New Registered Agent, if changing	-

Check if applicable

<sup>☐</sup> The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change	VP	_	ROBERT E. AINBINDERJIZ	2190 NW ATH COVET
Add Remove				BULA RATION, FL 3343
2) Change		<del></del>		
Add				
Remove Change		_		
Add				
Remove				
4) Change		_		<del></del>
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_	<del></del>	
Add				
Remove				

tach additional sheets, if	necessary). (Be specific)	
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		_
an amendment provides	s for an exchange, reclassification, or cancellation of issued shares,	
rovisions for implementi (if not applicable, indic	ting the amendment if not contained in the amendment itself:	
(ij noi applicanie, inaie	icule IVA)	
	(	

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The date of each amendment(s) ad date this document was signed.	option:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file da	te)
Note: If the date inserted in this bl document's effective date on the De	ock does not meet the applicable statutory filing requirement partment of State's records.	ents, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors without share	eholder action and shareholder
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the a ficient for approval.	mendment(s)
must be separately provided for	roved by the shareholders through voting groups. The followeach voting group entitled to vote separately on the amendm	•
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	."	
selected	(voting group)  The control of the c	
•	(Typed or printed name of person signing)	
	(Title of person signing)	<del></del>