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## **COVER LETTER**

TO: Amendment Section **Division of Corporations** 

Tallahassee, FL 32314

NAME OF CORPO	ORATION: Insiders Gold & He	oldings Inc.	
	IBER: P20000044059		
	s of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this ma	tter to the following:	
	David Bergeron		
		Name of Contact Person	n
	Insiders Gold & Holding Inc.		
		Firm/ Company	
	1252 Barbara Drive Apt 806		
		Address	
	Venice, FL, 34285		
	<del>-</del>	City/ State and Zip Cod	e
	Davidleebergeron@gmail.com	m	
	E-mail address: (to be us	sed for future annual report	notification)
For further informati	on concerning this matter, pleas	se call:	
David Bergeron		941	266-0495
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check t	or the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	_	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	<del>-</del>
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Amend Division	Address Iment Section on of Corporations entre of Tallahassee

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

Insiders Gold & Holding Inc.	
(Name of Corporation as currently	filed with the Florida Dept. of State)
P20000044059	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Clorida Profit Corporation adopts the following am
A. If amending name, enter the new name of the corporation:	
NA	The
name must be distinguishable and contain the word "corporation," "co". Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."  B. Enter new principal office address, if applicable:	ompany," or "incorporated" or the abbreviation "C
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	11/17
	)
D. If amending the registered agent and/or registered office address:  new registered agent and/or the new registered office address:	ess in Florida, enter the name of the
Name of New Registered Agent	<i>'A</i>
(Florida stree	et address)
Nav. Busintanad (Mag. 4 d Ingar)	P1
New Registered Office Address:	, Florida
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi	th and accept the obligations of the position.
N/A	
Signature of New Reg	gistered Agent, if changing

Check if applicable

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 tit 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; Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of ea 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 t a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT Mike Jones. V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	CFO	David Bergeron	1252 Barbara Drive Apt 806
Add			Venice, FL 34285-710
X Remove			
2) Change			
Add			
Remove 3) Change		<del></del>	
Add			
Remove			
4) Change			
Add			
Remove			<del> </del>
5) Change	<del></del>	<del>-</del>	
Add			<del></del>
Remove			
6) Change		<del>-</del>	
Add			
Remove			

Attach ad	ng or adding additiona ditional sheets, if necess	ary). (Be specific	)		
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provision	ndment provides for an as for implementing the	exchange, reclass amendment if no	ilication, or canc t contained in the	<u>eHation of issued sha</u> · amendment itself:	ares,
(if no	ot applicable, indicate N	(A)			
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The date of each amendment(s) date this document was signed.	adoption:, if
6/	11/2020
Effective date if applicable:	(no more than 90 days after amendment file date)
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing requirements, this date will not b Department of State's records.
Adoption of Amendment(s)	(CHECK ONE)
■ The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without shareholder action and sharel
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes east for the amendment(s) sufficient for approval.
	pproved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes ca	st for the amendment(s) was/were sufficient for approval
by	
	(voting group)
6/23/202 Dated	
(By a selec	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
	David Bergeron
	(Typed or printed name of person signing)
	CFO
	(Title of person signing)