P20 0000 48022

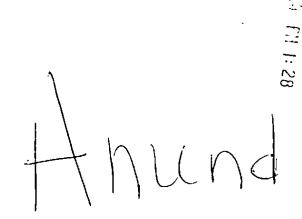
(Requ	estor's Name)	
(Addre	ess)	
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. ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: GOLDEN BOUTI	QUE INC	.
	BER: P20000048022		
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	MILUSKA BERROCAL		
		Name of Contact Persor	1
	2GB ACCOUNTING INC		
		Firm/ Company	
	15463 SW 86 TERRACE		
		Address	
	MIAMI, FL 33193		
	-	City/ State and Zip Code	2
	2GB.MBERROCAL@GMA	IL.COM	
	E-mail address: (to be us	sed for future annual report	notification)
	n concerning this matter, pleas		510.6768
MILUSKA BERROCAL Name of Contact Person		at (305	519-6768 de & Daytime Telephone Number
	or the following amount made		
S35 Filing Fee	S43.75 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)
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee d. Monroe Street, Suite 810 ussee, FL 32303

Articles of Amendment to Articles of Incorporation of

GOLDEN	BOU	JTIOI	JE INC

(Name of Corporation as currently	filed with the Florida Dept. of State)
P20000048022	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>I</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	77
name must be distinguishable and contain the word "corporation," "c "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: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
	2021
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address:	
Name of New Registered Agent	
(Florida stre	vet address)
New Registered Office Address:	Florida
	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. I am familiar w	
Thereby the epiphinism as registered agent. Transformation	un una accepi ine oonganors iy ine position
Signature of New Re	egistered 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 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

Example: XChange	<u>PT 10</u>	ohn Doe	
X Remove	<u>V</u> <u>N</u>	<u>Jike Jones</u>	
X Add	<u>SV</u> <u>S</u>	ally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	ANNABELLA E LAGRAVE	7121 MIAMI LAKES DRIVE
Add			MIAMI LAKES, FL 33014
X Remove			
2) Change			
Add			
Remove 3) Change			
Add			****
Remove			
4) Change			
Add			·
Remove			
5) Change			
Add			
Remove			
6) Change		······································	
Add			
Remove			

titue i treiting mitte	ig additional Art ets, if necessary).	(Be specific)				
-	<u> </u>					
						
						
						
			<u> </u>			
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	-					
						
						
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						<u> </u>
f an amendment pro provisions for imple	ovides for an exc	<u>hange, reclassi</u>	fication, or cand	ellation of issue	ed shares,	
(if not applicable	e, indicate NA)	enoment ti not	contained in thi	e amendment it	<u>seii:</u>	
	,					
			 .	<u> </u>		
						

. . . .

	08/18/2020	
The date of each amendment(s) a date this document was signed.	adoption:	, if other than the
08. Effective date <u>if applicable</u> :	/18/2020	444.
	(no more than 90 days after amendment file	date)
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing require Department of State's records.	ements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were action was not required.	lopted by the incorporators, or board of directors without sh	nareholder action and shareholder
☐ The amendment(s) was/were ac by the shareholders was/were:	lopted by the shareholders. The number of votes east for th sufficient for approval.	e amendment(s)
	oproved by the shareholders through voting groups. The follower each voting group entitled to vote separately on the amen	
"The number of votes cas	it for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
08/18/202 Dated Signature(By a	director, president by other officers I	nave not been
select	ed, by an incorporator – if in the hands of a receiver, trustee nted fiduciary by that fiduciary)	
	JANET P FERNANDEZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	·