

120000054470

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

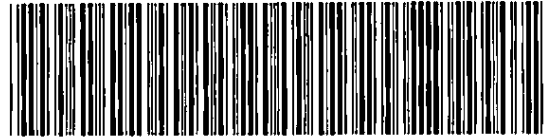
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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2020 NOV 17 AM 8:07
STATE
TALLAHASSEE, FL

NOV 18 2020

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

(OFFICE USE ONLY)

Business Name & Document Number, (if known):

1. Golden Liquor INC P20000054470
Name Document Number (if known)

Walk in Will wait

Certified Copy of:

Certificate of Status

NEW FILINGS

Profit
 Not for Profit
 Limited Liability
 Domestication
 INC
 OTHER

AMENDMENTS

Amendment
 Resignation of R.A. Officer/Director
 Change of Registered Agent
 Dissolution/Withdrawal
 Conversion
 Merger

OTHER FILINGS

Annual Report
 Fictitious Name
 Statement of Authority
 APOSTIL ()
COUNTRY

REGISTRATION/QUALIFICATIONS

Foreign
 Limited Partnership
 Reinstatement
 Trademark
 Other

EXAMINER'S INITIALS: _____

Articles of Amendment
to
Articles of Incorporation
of

GOLDEN LIQUOR INC

(Name of Corporation as currently filed with the Florida Dept. of State)

P20000054470

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

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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 address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent _____

(Florida street address)

New Registered Office Address: _____, Florida _____
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered 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:

X Change PT John Doe
X Remove V Mike Jones
X Add SV Sally Smith

Table with 4 columns: Type of Action (Check One), Title, Name, Address. Rows include: 1) Change P ROY SAFAR 2403 LA MESA DR JACKSONVILLE, FL. 32258; 2) Change P Hady Safar 2403 LA MESA DR JACKSONVILLE, FL. 32258; 3) Change VP Barakat Barakat 3871 Picador Ct. Unit 3 Jacksonville, FL. 32217; 4) Change T Kinan Abdulaziz 4870 FROST LAKE DR JACKSONVILLE, FL. 32258; 5) Change; 6) Change.

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The date of each amendment(s) adoption: _____, if other than the date this document was signed

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

The amendment(s) was were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.

The amendment(s) was were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was were sufficient for approval.

The amendment(s) was were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendments:

The number of votes cast for the amendment(s) was were sufficient for approval

by _____
(voting group)

Dated 11/13/2020

Signature Brett Isaac

(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Brett Isaac

(Typed or printed name of person signing)

Incorporator

(Title of person signing)

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