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| (Requestor's Name)                      |
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| PICK-UP WAIT MAIL                       |
| (During and Entitle Name)               |
| (Business Entity Name)                  |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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## COVER LETTER

**TO:** Amendment Section Division of Corporations

| NAME OF CORPOR   | ATION: GOLDEN SOLUT                         | TIONS PAINTING AND W   | 'ATERPROOFING INC   |  |  |
|--|---|--|---|--|--|
| DOCUMENT NUMBI   | ER: P20000075218                            |  |   |  |  |
| The enclosed Articles of   | f Amendment and fee are su                  | bmitted for filing.  |   |  |  |
| Please return all corresp  | ondence concerning this ma                  | tter to the following:   |   |  |  |
|  |   | MARTHA OTALORA   |   |  |  |
| _  | Name of Contact Person                      |  |   |  |  |
|  | MO ACCOUNTING SERVICES CORP                 |  |   |  |  |
| _  | Firm/ Company                               |  |   |  |  |
|  | 175 FONTAINEBLEAU BLVD SUITE 1-G2           |  |   |  |  |
| _  | Address                                     |  |   |  |  |
|  | MIAMI, FLORIDA 33172                        |  |   |  |  |
| <del>-</del>   | City/ State and Zip Code                    |  |   |  |  |
|  |   | info@moaccountingservice   | es.com  |  |  |
| -  |   | sed for future annual report                                       |   |  |  |
|  | concerning this matter, plea                |  |   |  |  |
| ANGEL AGUADO SALAS   |   | at (   |   |  |  |
| Name of Contact Person   |   | Area Co  | de & Daytime Telephone Number   |  |  |
| Enclosed is a check for  | the following amount made                   | payable to the Florida Depa  | artment of State:   |  |  |
| ■ \$35 Filing Fee  | □\$43.75 Filing Fee & Certificate of Status | ☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | ☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)    |  |  |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 |   | Amend<br>Divisio<br>The Co   | Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 |  |  |

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation

of

## GOLDEN SOLUTIONS PAINTING AND WATERPROOFING INC

| <del></del>  | tly filed with the Florida Dept. of State)                        |
|--|---|
| P20000   |   |
| (Document Number   | of Corporation (if known)   |
| Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:   | s Florida Profit Corporation adopts the following amendment(s) to |
| A. If amending name, enter the new name of the corporation:  |   |
|  | The new   |
| name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.A | A professional corporation name must contain the word             |
| B. Enter new principal office address, if applicable:  | 2999 SW 17TH STREET   |
| (Principal office address <u>MUST BE A STREET ADDRESS</u> )  | MIAMI, FL 33145   |
|  | 2000 SW 17TH STREET   |
|  | 00  |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  | 2999 SW 17TH STREET   |
|  | MIAMI, FL 33145   |
|  |   |
|  |   |
| D. If amending the registered agent and/or registered office ad  | dress in Florida, enter the name of the                           |
| new registered agent and/or the new registered office addre  | <u>ss:</u>  |
| Name of New Registered Agent   |   |
|  |   |
| tFlorida s   | arcet address)  |
| New Registered Office Address:   | , Florida   |
|  | (City) (Zip Code)   |
|  |   |
| Non-Design and Assess Clause Asses (Calculate Design Assess Assess   |   |
| New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familian   |   |
|  |   |
|  |   |
| 21   | 0 1 10 10 1   |
| Mgnature 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)

Example:

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>e</u>    |   |
|-------------------------------|-----------|------------|-------------|---|
| X Remove                      | <u>V</u>  | Mike Jos   | nes         |   |
| X Add                         | <u>sv</u> | Sally Sn   | nith        |   |
| Type of Action<br>(Check One) | Title     |            | <u>Name</u> | Address                                       |
| 1) Change                     |           | _          | N/A         |   |
| Add                           |           |            |             |   |
| Remove                        |           |            |             | <u>, , , , , , , , , , , , , , , , , , , </u> |
| 2) Change                     |           | _          |             |   |
| Add                           |           |            |             |   |
| Remove 3 ) Change             |           | <b>~</b> . |             |   |
| Add                           |           |            |             |   |
| Remove                        |           |            |             |   |
| 4) Change                     |           | _          |             |   |
| Add                           |           |            |             |   |
| Remove                        |           |            |             |   |
| 5) Change                     |           | _          |             |   |
| Add                           |           |            |             | <del></del>                                   |
| Remove                        |           |            |             |   |
| 6) Change                     |           | _          |             |   |
| Add                           |           |            |             |   |
| Remove                        |           |            |             |   |

| strach additional sheets | s, if necessary). (Be specific)                                |                          |                   |               |
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| an amendment prov        | ides for an exchange, reclassi<br>tenting the amendment if not | neation, or cancellation | or issued snares, |               |
| (if not applicable,      | indicate 37/4)   | contained in the ameno   | ment usen:        |               |
|                          | marciae 1071)  |                          |                   |               |
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|  | 10/05/2020  |   |
|--|---|---|
| The date of each amendment                               | s) adoption:  | , if other than the                               |
| late this document was signed.                           | A0/05/2020  |   |
| Effective date if applicable:                            | 10/05/2020  |   |
| meetive date in applicable.                              | (no more than 90 days after amendm  | vent file date)                                   |
|  | his block does not meet the applicable statutory filing e Department of State's records.  | requirements, this date will not be listed as the |
| Adoption of Amendment(s)                                 | ( <u>CHECK ONE</u> )  |   |
| The amendment(s) was/wer action was not required.        | adopted by the incorporators, or board of directors wi  | thout shareholder action and shareholder          |
| ☐ The amendment(s) was/wer<br>by the shareholders was/we | e adopted by the shareholders. The number of votes care sufficient for approval.  | st for the amendment(s)                           |
| must be separately provide                               | e approved by the shareholders through voting groups.  If or each voting group entitled to vote separately on the cast for the amendment(s) was/were sufficient for approximations. | he amendment(s);                                  |
|  | cust for the uncountering, was were surrected for up,   |   |
| by   | (voting group)  | ·   |
| 10/05/<br>Dated<br>Signature                             | 2020  |   |
| (B)  | a director, president or other officer – if directors or of ected, by an incorporator – if in the hands of a received pointed fiduciary by that fiduciary)                          |   |
|  | ANGEL AGUADO SAL  | AS  |
|  | (Typed or printed name of person sign   | ing)  |
|  | PRESIDENT   |   |
|  | (Title of person signing)   |   |