P21000029456

	
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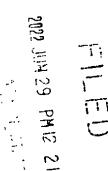
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A. RAMSEY SEP 27 2022

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: GOLD MULTI-SE	RVICE CORP			
DOCUMENT NUM	1BER: P21000029456				
The enclosed Article	es of Amendment and fee are su	bmitted for filing.			
Please return all cora	espondence concerning this ma	tter to the following:			
	ORIANA S VILLAMIZAR				
	-	Name of Contact Persor	1		
	GOLD MULTI-SERVICE CORP				
	Firm/ Company				
	5252 NW 85 AVENUE APT	2005			
	Address				
	DORAL, FL 33166				
		City/ State and Zip Code			
	oriana v89@icloud.com				
		sed for future annual report	notification)		
For further informat	ion concerning this matter, pleas	se call: at (⁷⁸⁶	916-0842		
Name of Contact Person			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	S43.75 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		Street Address Amendment Section Division of Corporations The Centre of Tallahassee			
Ta	llahassee, FL 32314	2415 N	J. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

GOLD MULTI-SERVICE CORP

7-11_ED 2022 JUN 29 PM 12

(Name of Corporation	as currently filed with the F	lorida Dept. of State)	TA 12 21
P21000029456		· 19	
(Docume	nt Number of Corporation (if k	(nown)	ı
Pursuant to the provisions of section 607,1006, Florida Sits Articles of Incorporation:	Statutes, this <i>Florida Profit Co</i>	rporation adopts the follo	wing amendment(s) (
A. If amending name, enter the new name of the cor	<u>poration:</u>		
name must be distinguishable and contain the word "corp". "Inc.," or Co.," or the designation "Corp," "Inc," "chartered," "professional association," or the abbrevi	or "Co". A professional co	corporated" or the abbrev rporation name must co	The new iation "Corp.," ntain the word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDR</u>	<u>RESS</u>)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 		
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		nter the name of the	
Name of New Registered Agent			
-	(Florida street address)		
New Registered Office Address:	(City)	, Florida	Zip Code)
New Registered Agent's Signature, if changing Regist land the land the Agent. I describe the appointment as registered agent. I describe the appointment as registered agent.	tered Agent: am familiar with and accept th	e obligations of the position	m.
Signati	ire of New Registered Agent, ij	Cchanging	
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 Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	LUISA A MARTINEZ	10249 NW 9 STREET CIR 202
Add			MIAMI, FL 33172
X Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Domovo			

Attach <i>additio</i>	adding additional Articles sheets, if necessary).	(Be specific)			
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f an amendm	ent provides for an exc	hange, reclassific	ation, or cancellat	ion of issued share	S.
provisions fo	implementing the amolicable, indicate N/A)	endment if not co	ntained in the am	endment itself:	
(ij noi ap _i	ncapie, maicaie 1878)				
		·			
					
					
			 		

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 document's effective date on the E	block does not meet the applicable statutory filing requirement repartment of State's records.	s, 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.	opted by the incorporators, or board of directors without shareho	older action and shareholder
☐ The amendment(s) was/were ac by the shareholders was/were s	opted by the shareholders. The number of votes east for the amoufficient for approval.	endment(s)
	proved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendmen	
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
06/24/202 Dated	andpl	
select	director, president or other officer—if directors or officers have a cled, by an incorporator—if in the hands of a receiver, trustee, or conted fiduciary by that fiduciary)	
	ORIANA S VILLAMIZAR	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	****