P21000029456

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(Business Entity Name)
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TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: GOLD MULTI-SE	ERVICE CORP		_		
DOCUMENT NUN	IBER: P21000029456			_		
	es of Amendment and fee are su	bmitted for filing.				
Please return all corr	respondence concerning this ma	tter to the following:				
	ORIANA S VILLAMIZAR					
		Name of Contact Person	n			
	GOLD MULTI-SERVICE C	ORP				
		Firm/ Company				
	5252 NW 85 AVENUE APT	2005				
		Address				
	DORAL, FL 33166					
		City/ State and Zip Cod	e			
	ORIANA_V89@ICLOUD.C	ОМ				
	E-mail address: (to be us	ed for future annual report	notification)	_		
For further informati	ion concerning this matter, pleas	se call:			202	
ORIANA S VILLA	MIZAR	at (786	916-0842	岩岩	2022 OCT 18	-1
Name of Contact Person		Area Co	de & Daytime Telephone N	umber 32	=	(Azzen)
Enclosed is a check t	for the following amount made	payable to the Florida Depa	de & Daytime Telephone No	ASSE ASSE	P	
■ \$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	S. FIL	1: 58	J
	ailing Address		Address			
Аг	nendment Section	Amend	Iment Section			

Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation of

GOLD MULTI-SERVICE CORP		
(Name of Corporation as currently	filed with the Florida Dept. of State)	
P21000029456		
(Document Number of C	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fi</i> its Articles of Incorporation:	lorida Profit Corporation adopts the following	ng 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," "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: (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)		
	<u> </u>	
D. If amending the registered agent and/or registered office addressiness registered agent and/or the new registered office address:	ss in Florida, enter the name of the	922 OCT
Name of New Registered Agent	SYEA SAEK	_ @ []
(Florida stree	t address)	- ¥ ()
New Registered Office Address:	, Florida	
(0	City) (Zip	Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with	th and accept the obligations of the position.	_
Signature of New Reg	istered Agent, if changing	
Chack if applicable		

 \Box 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:

\underline{X} Change	<u>PT</u>	John Doc	<u>2</u>	
X Remove	<u>Y</u>	Mike Jor	<u>nes</u>	
X Add	<u>sv</u>	Sally Sm	ith	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	Address
I) Change	VP	_	LUISA A MARTINEZ	10249 NW 9 ST CIR
X Add				APT 202
Remove				MIAMI, FL 33172
2) Change				·
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change				
Add				*****
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

Attach <i>add</i>	ng or adding additiona litional sheets, if necesso	ary). (Be specific	c)			
•			•			
					·····	
						
						
lf an amen	dment provides for an s for implementing the	exchange, reclass	<u>sification, or can</u>	cellation of issue	d shares,	
provisions	s for implementing the	<u>amendment if no</u>	t contained in th	ne amendment its	<u>self:</u>	
(ij noi	t applicable, indicate N	<i>н</i>)				
		 				
		<u>. </u>		·		

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The date of each amendment(s) adoption:	, if other than the
Effective date <u>if applicable</u> :	
(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, document's effective date on the Department of State's records.	this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the incorporators, or board of directors without sharehold action was not required.	er action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amend by the shareholders was/were sufficient for approval.	lment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following smust be separately provided for each voting group entitled to vote separately on the amendment(s)	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
Dated	
Signature (By a director, prysident or other officer – if directors or officers have not selected, by an incorporator – if in the hands of a receiver, trustee, or other appointed fiduciary by that fiduciary)	
ORIANA S VILLAMIZAR	
(Typed or printed name of person signing)	
PRESIDENT	

(Title of person signing)