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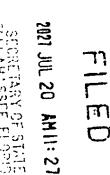
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A RAMSEY

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ation: <u>Lucas G</u> e er: <u> </u>	oldey Enter Psi	>85 inc
	of Amendment and fee are sul		
	r pondence concerning this mat		
	Marion L (-0	(c) a	
		Name of Conface (Cista	
		Firm/ Company	
	440 PORTE ROSA	Circle	
		Address	
	Seint Guyustin	e. CL 32097	
		City/ State and Zip Code	
	E-mail address: (to be us	ad for forms annual report	notification)
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For further information	reoncerning this matter, pleas	se call:	
Tes farmer intermediation	t concerning that induces () some		
Manlow L Go	16 wu	at (321) 446 3475
Name o	of Confact Person	Area Co) 446 3475 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)
<u>Mai</u>	ling Address		Address
·	ndment Section		Iment Section
	sion of Corporations Box 6327		n of Corporations entre of Tallahassee
	ihassee, FL 32314		N. Monroe Street, Suite 810
7 4110		_ ::	issee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

	OFFICE AMIL: 27
Lucus Golden Exercises INC	with the Florida Dept. of State 27 97 97 97
(Document Number of Corpo	oration (if known)
Pursuant to the provisions of section 607,1006. Florida Statutes, this <i>Florida</i> its Articles of Incorporation:	a Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation," "compa "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A profe "chartered," "professional association," or the abbreviation "P.A."	The new ny," or "incorporated" or the abbreviation "Corp.," assional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
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 new registered agent and/or the new registered office address:	Florida, enter the name of the
Name of New Registered Agent	
iFlorida street ado	ress)
New Registered Office Address:	
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with a	
Signature of New Register	red 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	<u>PT</u>	John Doc	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
<u>X</u> Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) X Change	751	Marion L Goldey	940 PONTE ROSA CIRCLE SPINT AUGUSTINE FC 3205
Add			SPIN HOUSTING FC 3205
Remove			
2) Change			
Add			
Remove Change			
Add			
Remove			
4) Change	<u>.</u>		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	ing additional Articly eets, if necessary). — (Re specific)				
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in amendment i	rovides for an excha	goe, reclassificati	on, or cancella	tion of issued s	hares.	
rovisions for im	dementing the amend	lment if not cont	ained in the am	endment itself	<u> </u>	
(if not applica	ble, indicate N/A)					
						
						
						
						·

Effective date if applicable:
Note: It 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)
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)
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action was not required. ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s)
• • •
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group cntitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval
by
(voting group)
Signature W. 7. W. GgT (By a director, president or other officer – if directors or officers have not been
Simone W.7. III Gar
(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)
(Typed or printed name of person signing)
Cliffe of person signing)