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De la Company (Company)

2021 Jrm 14 PH 2: 14

COVER LETTER

TO: Amendment Sect Division of Corp			·			
NAME OF CORPO	RATION: GOLDEN SMART	SOLUTIONS INC				
DOCUMENT NUMI						
The enclosed Articles	of Amendment and fee are su	bmitted for filing.				
Piease return ali corre	spondence concerning this ma	tter to the following:				
	ASAF GOLDIN					
		Name of Contact Perso	n			
		Firm/ Company				
	3601 KERNAN BLVD					
	Address JACKSONVILLE, FL 32224					
		City/ State and Zip Cod	le			
For further informatio	E-mail address: (to be us	sed for future annual repor	t notification)			
ASAF GOLDIN		at (⁸³²	231-6959			
Name	of Contact Person	Area Co	de & Daytime Telephone Number			
Enclosed is a check fo	r the following amount made	payable to the Florida Dep	artment of State:			
S35 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)			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amen Division The C 2415	Address Iment Section on of Corporations Icentre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303			

Articles of Amendment to Articles of Incorporation of

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(Name of Corneration as cur	rently filed with the Florida Dep	t. of State)
P21000054183	the House of the Court of the Dep	<u> ×</u> /
	ber of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, its Articles of Incorporation:	this Florida Profit Corporation ac	dopts the following amendment(s) to
A. If amending name, enter the new name of the corporation	<u>n:</u>	
GOLDIN SMART SOLUTIONS INC		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 "I	". A professional corporation n	or the abbreviation "Corp.," ame 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 new registered agent and/or the new registered office address Name of New Registered Agent	address in Florida, enter the nai	me of the
	da street address)	
·		
New Registered Office Address:	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am fami	gent: liar with and accept the obligation	s of the position.
Signature of N	ew Registered Agent, if changing	2:
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 Do	<u>e</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	nith	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change				
Add				
Remove Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add		_		
Remove				

Attach additional sheets, if necessary).	(Be specific)				
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				-	
an amendment provides for an exch	ange reclassification	on or cancellat	ion of issued s	hares	
provisions for implementing the amer	adment if not conta	ined in the am	endment itself	:	
(if not applicable, indicate N/A)					
		.			
		_		<u>-</u> -	
					

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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 document's effective date on the Department of State's records.	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 shareholder action was not required.	ction and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment by the shareholders was/were sufficient for approval.	nt(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following state must be separately provided for each voting group entitled to vote separately on the amendment(s):	ment
"The number of votes cast for the amendment(s) was/were sufficient for approval	2(
by")21
(voting group)	71 KNC 1202
	<u>-</u>
06/11/2021 Dated	
1 () (PH
Signature Assayl holdin	?: · · · ·
(By a director, president or other officer - if directors or officers have not bee	
selected, by an incorporator – if in the hands of a receiver, trustee, or other ecappointed fiduciary by that fiduciary)	ourt
ASAF GOLDIN	
(Typed or printed name of person signing)	
PRESIDENT	

(Title of person signing)

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