Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000372060 3)))



H210003720603ABCV

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : ALPHA BUSINESS CONSULTING, LLC

Account Number : I20080000061 Phone : (407)582-9830 Fax Number : (407)601-6393

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

## COR AMND/RESTATE/CORRECT OR O/D RESIGN GOLD STAR MAID, INC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

OCT - 6 2021

S. PRATHER

2021 OCT -5 AM 9:

Electronic Filing Menu

Corporate Filing Menu

Help

TO: Amendment Section

## COVER LETTER

Division of Corpo	prations			
NAME OF CORPOR	ATION: GOLD STAR MAI	D, INC		
DOCUMENT NUME				
	of Amendment and fee are su	hmitted for filing		
Please return all corres	pondence concerning this ma	tter to the following:		
	MARIA PINHEIRO			
		Name of Contact Person	l	
	ALPHA BUSINESS CONSU		1411	
		Firm/ Company		
	6412 W COLONIAL DR	Address	. <u> </u>	
	ORLANDO, FL 32818	Address		
		City/ State and Zip Code	·	
	-i-t-ii	·		
	pinheiromaria@att.net	sed for future annual report	notification)	
	Committee and the second		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
For further informatio	n concerning this matter, pleas	se cail:		
MARIA PINHEIRO		at ( <mark>407</mark>	582-9830	
Name	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	r the following amount made	payable to the Florida Depa	artment of State:	
□ \$35 Filing Fee	☐S43.75 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)	
	ling Address	· · · · · · · · · · · · · · · · · · ·	Address Iment Section	
Division of Corporations		Division of Corporations		
P.O. Box 6327 Taliahassee, FL 32314		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		

Articles of Amendment to Articles of Incorporation of	SECRET TALLAHA	2021 OCT	- 71
GOLD STAR MAID, INC	A.R.		<u>!</u>
(Name of Corporation as currently filed with the Florida Dept. of State)	E 0		
P21000082705			
(Document Number of Corporation (if known)	TATE ORID	<u> </u> 9: 2	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the followits Articles of Incorporation:	wing amendmen	11(s <del>) 1</del> 0	
A. If amending name, enter the new name of the corporation:			
GOLD STAR MAID USA, INC	The new		
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbrevi "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must con "chartered," "professional association," or the abbreviation "P.A."	ation "Corp.,"		
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 Florida, enter the name of the new registered agent and/or the new registered office address:			
Name of New Registered Agent			
(Florida street address)	<del></del>		
New Registered Office Address:, Florida			
	Zip Code)		
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position of the pos	<b>&gt;</b> π.		
Charle if applicable			

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s, 607.0120 (11) (c), F.S.

Example:

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 Doc 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	PT Joh	n Doc	
X Remove	<u>v</u> <u>Mil</u>	ke Jones	
X Add	<u>SV</u> <u>Spli</u>	ly Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
i) Change			
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			<u></u>
Remove			
4) Change		<del></del>	
Remove			
5) Change			
Add			
Remove			
6) Change			
Add		· - <del></del>	
Remove			

E. If amending or adding additional As (Attach additional sheets, if necessary)	(Be specific)	
UST CHANGE THE NAME OF THE C		
<del></del>		
	<del> </del>	
<u> </u>		
	· · · · · · · · · · · · · ·	
<del></del>		
. If an amendment provides for an ex	hange, reclassification, or cance	llation of issued shares,
provisions for implementing the an (if not applicable, indicate N/A)	endment if not contained in the	amendment itself:
(g not approach, mateur 1991)		
	<u> </u>	
· ·		
		<del></del>

Maria da la compania de la compania	10/05/2021	:c		- AL-
The date of each amendment(s) adopted date this document was signed.	n:	, if oth	er unar	1 Inc
Effective date if applicable:			_	
	(no more than 90 days after amendment file date)			
Note: If the date inserted in this block of document's effective date on the Department.	locs not meet the applicable statutory filing requirements, this date will ent of State's records.	I not be li	sted a:	s the
Adoption of Amendment(s)	(CHECK ONE)			
The amendment(s) was/were adopted is action was not required.	by the incorporators, or board of directors without shareholder action and	sharehole	der	
☐ The amendment(s) was/were adopted to by the shareholders was/were sufficient	by the shareholders. The number of votes cast for the amendment(s) nt for approval.			
	by the shareholders through voting groups. The following statement voting group entitled to vote separately on the amendment(s):			
	e amendment(s) was/were sufficient for approval	TAL SE	202	
by	(voting group)	CRE	2021 OCT	
10/05/2021 Dated	^ -	IARY IASSEE	CT -5	
Signature	ath	OF STATE	AM 9:	
selected, by	r, president or other officer – if directors or officers have not been an incorporator — if in the hands of a receiver, trustee, or other court duciary by that fiduciary)	TEA	: 24	
RHIS	DIOGO ANTUNES DOS SANTOS			
	(Typed or printed name of person signing)		<del></del>	
PRES	SIDENT			
	(Title of person signing)		_	