## P22000061814

(Requestor's Name)
(Address)
(Address)
(0), (0), (7), (0),, (0)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
,
(Document Number)
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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: GOLDEN SHADE	S USA CORP					
	BER: P22000051814	·					
	s of Amendment and fee are su	bmitted for filing.					
Please return all corn	espondence concerning this ma	tter to the following:					
	TATIANE F. LIMA						
	4	Name of Contact Persor	1				
	TALENT MULTISERVICES INC						
	Firm/ Company 851 BROKEN SOUND PKWY, SUITE 436						
		Address					
	BOCA RATON, FL - 33487						
	City/ State and Zip Code						
	contactfla/talentbm.com						
	E-mail address: (to be us	sed for future annual report	notification)				
For turther information	on concerning this matter, pleas		486-1003				
	of Contact Person	at (at (	0 486-1003 de & Daytime Telephone Number				
	or the following amount made			· (2)			
S35 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)	 			
An Div P.C	Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Tallahassee, FL 32303  Street Address Amendment Section Division of Corporations Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303						

## Articles of Amendment Articles of Incorporation of

GOLDEN SHADES USA CORP

(Name of Corporat	tion as currently filed with the Florida Dept. of State)	
P22000051814		
(Docu	iment Number of Corporation (if known)	······································
Pursuant to the provisions of section 607,1006, Florid its Articles of Incorporation:	da Statutes, this Florida Profit Corporation adopts the follow	wing amendment(s)
A. If amending name, enter the new name of the	corporation:	
		The new
	corporation," "company," or "incorporated" or the abbrevi ;" or "Co". A professional corporation name must con- reviation "P.4"	
B. Enter new principal office address, if applicab		
(Principal office address <u>MUST BE A STREET AD</u>	ODRESS )	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B)	OX)	
		· · · · · ·
		<del></del>
D. If amending the registered agent and/or registered agent and/or the new registered agent and/or the new registered	ered office address in Florida, enter the name of the doffice address:	
Name of New Registered Agent	<del></del>	
-	(Florida street address)	— <u>:</u>
New Registered Office Address:	Florida	
		Ap Coder
New Registered Agent's Signature, if changing Re	ogistered Agent	
	I am familiar with and accept the obligations of the positic	
Nigo	nature of New Registered Agent, if changing	<del></del>

Check if applicable [1] 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)

Example:

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 | It an officer director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTO = <math>P(C, C)

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.

X Change	$\overline{\text{bL}}$	<u>John Do</u>	<u>e</u>	
∑ Remove	$\underline{\mathbf{V}}$	Mike Jor	nes	
<u> </u>	<u>SV</u>	<u>Sally Sm</u>	<u>sith</u>	
<u>Experof Action</u> (Check One)	Title		Name	<u>Addres</u> s
1) Change	Р		JULIAN FRANCO	6465 WEST 24 AVE APT 306
Add				HIALEAH, FL 33016
X Remove				
2) Change	P		JULIAN D. FRANCO FONTALVO	6465 WEST 24 AVE APT 306
X Add				HIALEAH, FL 33016
Remove		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
3) Change				
Add				
Remove				
6) Change		_		
Add				
Remove				

Famending or adding additional Arti Much additional sheets, if necessary).	(Be specific)		
	. <u></u>		
f an amendment provides for an exclusions for implementing the ame (ii) not applicable, indicate N A)	nange, reclassification, or condition or condition or contained in	ancellation of issued share the amendment itself:	<u>~</u>
	-		<del></del> -

•

The date of each amendment(s) adoption:
OS/01/2022 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 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) by the shareholders was/were sufficient for approval.
13 The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s)
"The number of votes east for the amendment(s) was/were sufficient for approval
by
(voting group)
08/01/2022 Dated
Signature J. J. D. Frank
(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)
JULIAN D. FRANCO FONTALVO
(Typed or printed name of person signing)

PRESIDENT