Paa 0000 65712

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ity/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	me)
(De	ocument Number)	
Cerufied Copies	Certificate:	s of Status
Special Instructions to	Filing Officer:	
	J. HORN	
	OCT 26	2022
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: GOLDEN FALCO	א COUNTRY LIQUOR וז	4C
DOCUMENT NUMB			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	itter to the following:	
	ESPERANZA ABULABAN		
•	120.5	Name of Contact Persor	1
	AWWAD & ASSOCIATES	TAX & ACCOUNTING	
•		Firm/ Company	
	1435 PIEDMONT DR E UN	IT 102	
-	.	Address	
	TALLAHASSEE, FL 32308		
•		City/ State and Zip Code)
	EABULABAN@AWWADA	NDASSOCIATES COM	
-		sed for future annual report	notification)
For further information	concerning this matter, pleas		513-1999
Nama a	f Contact Person	at (850	
	the following amount made		de & Daytime Telephone Number
\$35 Filing Fee	S43.75 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)
Amer Divis P.O. l	ng Address Idment Section ion of Corporations Box 6327 hassee, FL 32314	Amendi Division The Cc 2415 N	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810 ssee, FL 32303

2022 OCT 26 AH 10: 07
SEGNETARY OF TALLAHASSELET

Articles of Amendment to Articles of Incorporation of

GOLDEN FALCON COUNTRY LIQUOR INC	
(Name of Corpora	ation as currently filed with the Florida Dept. of State)
P22000065712	
(Doc	cument Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Flor its Articles of Incorporation:	rida Statutes, this Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the	corporation:
	The new
	"corporation," "company," or "incorporated" or the abbreviation "Corp.," ac," or "Co". A professional corporation name must contain the word
B. Enter new principal office address, if applical (Principal office address MUST BE A STREET A)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE E	BOX)
D. If amending the registered agent and/or registered agent and/or the new registered agent and/or the new registere	stered office address in Florida, enter the name of the
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing R	Registered Agent:
hereby accept the appointment as registered agent.	t. I am familiar with and accept the obligations of the position.
Sie	enature of New Revistered Avent, 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 Remove V X Add SV Type of Action (Check One) Tit 1) Change VP Add X X Remove Remove	<u> John Da</u>	<u>ee</u>	
Type of Action (Check One) 1) Change Add Y	Mike Jo	<u>nes</u>	
(Check One) 1) Change	Sally Sn	<u>nith</u>	
Add	<u>lle</u>	Name	Address
Y		HASHEM ALSARAIREH	1724 BUCKINGHAM CT APT A
			TALLAHASSEE, FL 32308
2) Change	· · · · ·		
Remove 3) Change	<u>_</u>		
Add			
Remove 4) Change Add	·- <u>-</u> -	·	
Remove 5) Change			
Remove 6) Change		-	
Add Remove			

, , , , ,

If amending or adding additional Art (Attach additional sheets, if necessary).	(Be specific)
7. If an amendment provides for an exc provisions for implementing the ame (if not applicable, indicate N/A)	change, reclassification, or cancellation of issued shares, needment if not contained in the amendment itself:

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)	
	nis block does not meet the applicable statutory filing requirements to Department of State's records.	, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were action was not required.	e adopted by the incorporators, or board of directors without sharehol	der action and shareholder
The amendment(s) was/were by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the americ sufficient for approval.	ndment(s)
	approved by the shareholders through voting groups. The following for each voting group entitled to vote separately on the amendments	
"The number of votes	cast for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
10/25/2 Dated		
Signature	MUMNIMUL Ta director, president or other officer – if directors or officers have no	ot been
sel	ected, by an incorporator – if in the hands of a receiver, trustee, or off sointed fiduciary by that fiduciary)	
	MOHAMAD HAIFA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	