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## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: Gold Dot MANAGEMENT INC					
DOCUMENT NUMBER: P 2306 66 26828					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Joseph Augustin Name of Contact Person					
Gold Dot Management Inc					
3804 N John Young Plany Ste 9					
Orlando FL 32804 City/ State and Zip Code					
E-mail ddress (to be used for future annual report notification)					
For further information concerning this matter, please call:					
To seah Augustin at (467) 637 6944  Name of Contact Person Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount made payable to the Florida Department of State:					
S35 Filing Fee S43.75 Filing Fee Scrifficate of Status (Additional copy is enclosed)  S43.75 Filing Fee S43.75 Filing Fee Scrifficate of Status (Additional copy is enclosed)  S43.75 Filing Fee Scrifficate of Status (Certified Copy (Additional Copy is enclosed)					
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  Milling Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					

## Articles of Amendment to Articles of Incorporation of

Gdd Dd manageme	nt Inc	
(Name of Corporation as currently		
לאסרמוונעו וומוווסנו סניל	orporacion (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this $FL$ its Articles of Incorporation:	orida Profit Corporation adopts the following amendment	t(s) to
A. If amending name, enter the new name of the corporation:		
	The new	
name must be distinguishable and contain the word "corporation," "cor "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A prehartered," "professional association," or the abbreviation "P.A."	npany," or "incorporated" or the abbreviation "Corp.,"	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
C. Enter new mailing address, if applicable:	21) 2022 20 dd 12 8 G	
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	ACON TRAINER CO.	
	Ocoee FC 34761	
D. If amending the registered agent and/or registered office address	s in Florida, enter the name of the	
new registered agent and/or the new registered office address:		
Name of New Registered Agent		
(Florida stree	address)	
N. D. Carrel (200 et 111)	Planida	
<u>New Registered Office Address:</u> (C	ity) (Zip Code)	
	h and accept the obligations of the position.	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wit	h and accept the obligations of the position	
Thereby weekprine appointment as registered agent. Tum jumina wit	in and accept the obligations of the position.	
	; <u>;</u> ; —	<u>}</u>
		<u> </u>
Signature of New Reg	istered Agent, if changing	
Check if applicable	TA E	
$\Box$ 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. 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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>P</u>	Joseph Albert	3804 N John your
Add Remove  2) Change Add	<u>?</u>	LORYENA SKILOMON	PKuy Ste 9 Orlando Fl 32804 3804 N John young PKuy Ste 9
Remove 3 ) Remove Add			orlando FC 32804
Remove 4) Change Add			
Remove 5) Change Add			
Remove 6) Change Add			
Remove			· <del></del>

	icles, enter change(s) he (Be specific)	_		
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an amendment provides for an exc	nange, reclassification, o	r cancellation of issued s	<del>hares,</del>	
	ndment it not contained	in the amendment itself	<u>!:</u>	
rovisions for implementing the amo				
rovisions for implementing the ame (if not applicable, indicate N/A)				
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(if not applicable, indicate N/A)				<del>-</del> -

The date of each amendment(s) ac	loption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment fil	e date)
Note: If the date inserted in this be document's effective date on the Do	lock does not meet the applicable statutory filing requipartment of State's records.	rements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add action was not required.	pted by the incorporators, or board of directors without	shareholder action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for fficient for approval.	the amendment(s)
	proved by the shareholders through voting groups. The face each voting group entitled to vote separately on the ame	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	."	
	(voting group)	
selecte	rector, president or other officer – if directors or officers I, by an incorporator – if in the hands of a receiver, trusteed fiduciary by that fiduciary)	
аррош	ed nationally by that nationally	
	TOSEM Accusting (Typed or printed name of person signing)	
	VP.	
	(Title of person signing)	