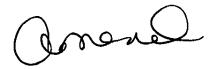
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NOP 17 11

COVER LETTER

TO: Amendment Section

TO: Amendment Division of C		5 m - 1072 m - 1 m			
NAME OF COR	PORATION: GLEE	NGOLD CONSULT	ing Corporation		
DOCUMENT NU	JMBER: P996	000106156			
The enclosed Artic	cles of Amendment and fee a	are submitted for filing.			
Please return all co	orrespondence concerning thi	is matter to the following:			
	KEnne	The GREENBER	<u> </u>		
	GREENGOLD	Consulting Cor	PORTION		
	1635 Whi	te Dove Dave	<u></u>		
	Winter S	Prints, FL 32 ity/State and Zip Code	.708		
<u>(</u>	E-mail address: (to be use	e gmnL. Com			
For further inform	ation concerning this matter,	please call:			
Ken breë	of Contact Person	at (786) 566 ~ Area Code & Daytime Te	6351 lephone Number		
Enclosed is a chec	k for the following amount m	nade payable to the Florida Depar	tment of State:		
\$35 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)		
Mailing A		Street Address			
Amendmer	of Section Corporations	Amendment Section Division of Corporations			
P.O. Box 6		Clifton Building			
	e, FL 32314	2661 Executive Center Circl	le		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

(Name of Corporation as cur	rently filed with	the Florida Dep	. 2011 AUG 15 AM 1	TAT!
P9900010619	5(TALLAHASSEE, FL	ORID#
(Document Nu	umber of Corpora	ation (if known)	<u></u>	
	•			
fursuant to the provisions of section 607.10 mendment(s) to its Articles of Incorporation:		utes, this <i>Florida</i>	Profit Corporation ado	opts the follow
•				
a. If amending name, enter the new name	of the corporati	on:	•	
				The new
ame must be distinguishable and contain	the word'"cor	poration,"""com	pany," or "incorporate	ed" or the
bbreviation "Corp.," "Inc.," or Co.," or th ame must contain the word "chartered," "pr	he designation "(rofessional associ	Corp," "Inc," or	"Co". A professional c	corporation
ume musi comain the word chartered, pr	ojessionai ussoc	ration, or the ab	oreviation F.A.	
Enter new principal office address, if ap	pplicable:	,		_
Principal office address <u>MUST BE A STRE</u>				_
			_	
				_
	•	11.5		
Enter new mailing address, if applicable	<u>'</u> le:	41.17		
Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF		11.5		_
		-		_
Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF		-		_
		10.19 C		- - -
(Mailing address <u>MAY BE A POST OFF</u>	SICE BOX)	7777	da, enter the name of t	 :he
(Mailing address <u>MAY BE A POST OFF</u>	TICE BOX) registered office	e address in Flori	ida, enter the name of t	 the
(Mailing address MAY BE A POST OFF . If amending the registered agent and/or new registered agent and/or the new reg	TICE BOX) registered office	e address in Flori	da, enter the name of t	 <u></u>
(Mailing address <u>MAY BE A POST OFF</u> If amending the registered agent and/or	TICE BOX) registered office	e address in Flori	da, enter the name of t	 <u>he</u>
(Mailing address MAY BE A POST OFF If amending the registered agent and/or new registered agent and/or the new reg	TICE BOX) registered office	e address in Flori	ida, enter the name of t	 <u>he</u>
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(Mailing address MAY BE A POST OFF If amending the registered agent and/or new registered agent and/or the new reg Name of New Registered Agent:	registered office ad	e address in Flori		
(Mailing address MAY BE A POST OFF If amending the registered agent and/or new registered agent and/or the new reg Name of New Registered Agent:	registered office ad	e address in Flori Idress: rida street address) , Florida	
(Mailing address MAY BE A POST OFF 1. If amending the registered agent and/or new registered agent and/or the new registered agent and/or the new registered Agent:	registered office ad	e address in Flori Idress: rida street address		
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. If amending the registered agent and/or new registered agent and/or new registered agent and/or the new registered Agent: Name of New Registered Agent: New Registered Office Address:	registered office addicates of the second of	e address in Flori Idress: rida street address	, Florida (Zip Code)	
(Mailing address MAY BE A POST OFF If amending the registered agent and/or new registered agent and/or the new reg Name of New Registered Agent: New Registered Office Address:	registered office addicates of the second of	e address in Flori Idress: rida street address	, Florida (Zip Code)	

Page 1 of 3

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)

<u>Title</u>	Name	Address Man	Type of Action
) & VP	LEE FRIEDMAN	1635 white Dove Da Winter Springs, For 32708	. □ Add □ D Remove
			_
		المناس	_
E. <u>If ameno</u> (attach ad	ling or adding additional Articles dditional sheets, if necessary). (B	s, enter change(s) here:	
		· · · · · · · · · · · · · · · · · · ·	
		ge, reclassification, or cancellation of is	
	ot applicable, indicate N/A)	ient it not contained in the amendment	nsen:
		·	
		Reserved to the second	
		10	

्र १	THE FOR STATE OF			
The date of each amendment(s) adoption:	Ausu	ST 11,	2011	,
Effective date if applicable: ASUST	_ (date of ado _l	ption is requir	·ed)	
Effective date if applicable:	0 days after an	nendment file	date)	
	٠. ٠.	2m 2 5 2		
Adoption of Amendment(s) (CH	ECK ONE)			
The amendment(s) was/were adopted by the by the shareholders was/were sufficient for a		The number of	of votes cast for t	the amendment(s)
The amendment(s) was/were approved by the must be separately provided for each voting				
"The number of votes cast for the amen-	dment(s) was/v	were sufficient	for approval	
by				
(voting group)	. 116	$m_i m_i \gamma^i$		
The amendment(s) was/were adopted by the action was not required.	board of direc	tors without sl	hareholder action	n and shareholder
The amendment(s) was/were adopted by the action was not required.	incorporators	without sharel	nolder action and	l shareholder
Dated August	11,20	<u> </u>		
Signature	00000			
Signature(By a director, presid	lent or other of	ficer – if direc	tors or officers h	nave not been
selected, by an incorp	porator – if in t	the handstof a	receiver, trustee.	, or other court
appointed fiduciary b	by that induciar	y) 111.77		
KEnn	eth Gi	recubo	nG .	
(Ту	ped or printed i	name of perso	n signing)	
P	asidut	- / ».	necton.	
(Title of	f nerson signin	9)		

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