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PICK-UP WAIT MAIL				
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Special Instructions to Filing Officer:				
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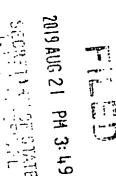
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Mend

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: GOLDSMITH JEV	WELRY SHOPPE, INC.		
DOCUMENT NUM	20,1022			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
	DAVID LAIR			
		Name of Contact Person	n	
	GOLDSMITH JEWELRY SI	HOPPE, INC.		
		Firm/ Company	-	
	1212 LEE ROAD	This company		
		Address		
	ORŁANDO, FŁORIDA 32810			
		City/ State and Zip Cod	e	
For further informatio	n concerning this matter, pleas	sed for future annual report se call:	, and the second	
DAVID LAIR		407 at (297-8000	
Name	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:	
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		

Articles of Amendment to Articles of Incorporation of

GOLDSMITH JEWELRY SHOPPE, INC.

GOLDSWITH JEWELKT SHOFFE, INC.				
(Name of Corporal	tion as currently	filed with the Florida Der	ot. of State	
\$04088				
(Docu	iment Number of C	Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florid its Articles of Incorporation:	da Statutes, this F	lorida Profit Corporation e	adopts the fo	ollowing amendment(s)
A. If amending name, enter the new name of the o	corporation:			
				The new
name must be distinguishable and contain the wo "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the	p_i "Inc," or "C	o". A professional corpoi		the abbreviation
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD			<u></u> .	
		-		22
				30
C. Enter new mailing address, if applicable:	0.00			
(Muiling address <u>MAY BE A POST OFFICE B</u>	<u>OX</u>)			
15 16 at all 11 at a standard standards		- : : [7] - :: d	C 4 b .	
D. If amending the registered agent and/or registered agent and/or the new registered		ss in Florida, enter the na	me of the	· 📆 💆
Name of New Registered Agent				
	(Florida stree	t adaress)		
New Registered Office Address:		·	_, Florida	
	Į((ity)		(Zip Code)
New Registered Agent's Signature, if changing Re	egistered Agent:			
I hereby accept the appointment as registered agent.		th and accept the obligation	ns of the po	sition.
	nature of New Rec	ristered Avent if changing		

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 Change	<u>PT</u>	John Doe		
X Remove	\underline{V}	Mike Jones		
X Add	<u>SV</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address	
1) Change	V/T	KURT E. CHANA	188 South Shadowbay Blvd.	
Add X Remove			Longwood, FL 32779	
2) Change	V/T	ELI ELBAZ	1212 LEE ROAD	
X Add			ORLANDO, FL 32810	
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove			<u></u>	
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

Attach <i>additional sl</i>	ing additional Artic neets, if necessary).	(Be specific)			
					
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provisions for imp	rovides for an excha lementing the amen	inge, reclassifica dment if not cor	ition, or cancellate Itained in the am	tion of issued shar endment itself:	es,
(if not applical	ole, indicate N/A)				
····					
		····			
					

07-11-2019	
The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
07-11-2019	
Effective date <u>if applicable</u> :	
(no more than S	0 days after amendment file date)
Note: If the date inserted in this block does not meet the appli- document's effective date on the Department of State's records.	cable statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The by the shareholders was/were sufficient for approval.	number of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders the must be separately provided for each voting group entitled to	
"The number of votes cast for the amendment(s) was/we	• •
by	···
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors action was not required.	
The amendment(s) was/were adopted by the incorporators with action was not required.	out shareholder action and shareholder
08-20-2019	
Dated 20	
	
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Signature / Mark	eer – if directors or officers have not been
(By a director, president or other o	er – if directors or officers have not been
appointed fiduciary by that fiduciary	e hands of a receiver, trustee, or other court
appointed inductary by that inductary,	
DAVID W. LAIR	
(Typed or printed	name of person signing)
PRESIDENT	
(Title	of person signing)