Lose J Hernanden (Golden Calo COK P) (Requestor's Name)			
(Requestor's Name)			
3700 Georgia due fuite 16			
West Part Boly LP. 33405 (Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			





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03/28/11--01062--003 **43.75



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 16, 2011

JOSE J. HERNANDEZ GOLDEN CAB CORP. 3700 GEORGIA AVENUE, SUITE #16 WEST PALM BEACH, FL 33405

SUBJECT: GOLDEN CAB CORP.

Ref. Number: V51272

We have received your document for GOLDEN CAB CORP., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$43.75.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6905.

Letter Number: 511A00006423

Thelma Lewis
Document Specialist Supervisor

to

Articles of Incorporation of

Golden Cab Corp		D (CC)	
(Name of Corporation as curfe	ently filed with the Florida	Dept. of State)	
(Document Nun	nber of Corporation (if know	n)	
Pursuant to the provisions of section 607.1000 namendment(s) to its Articles of Incorporation:	6, Florida Statutes, this <i>Flo</i>	rida Profit Corporation 2	adopts the following
A. If amending name, enter the new name of	f the corporation:		
			The new
name must be distinguishable and contain is abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "pro	designation "Corp," "Inc,"	or "Co". A professione	
B. Enter new principal office address, if app	licable:		
(Principal office address <u>MUST BE A STREE</u>	TADDRESS)		
C. Enter new mailing address, if applicables (Mailing address MAY BE A POST OFFICE) D. If amending the registered agent and/or registered agent and/or the new registered agent.	registered office address in	Florida, enter the name o	SECRETARY OF STAFF DIVISION OF CORPORATIONS 11 HAR 28 PH 12: 40 11 HAR 2 PH 12: 40
Name of New Registered Agent:			
New Registered Office Address:	(Florida street add	dress)	
	N1	, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing the hereby accept the appointment as registered agent agent the appointment as registered agent agent agent the appointment as registered agent ag	ng Registered Agent: gent. I am familiar with and	l accept the obligations of	the position.
S	ignature of New Registered 2	1gent, if changing	

removed and title, name, and address of each Officer and/or Director being added: (Attach additional sheets, if necessary) ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

	/ muyphon 2-1D-1
Effective data if applicables	(date of adoption is required)
	no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s sufficient for approval.
	approved by the shareholders through voting groups. The following stateme for each voting group entitled to vote separately on the amendment(s):
"The number of votes can	st for the amendment(s) was/were sufficient for approval
by	27
(v	roting group)
action was not required.	adopted by the board of directors without shareholder action and shareholde adopted by the incorporators without shareholder action and shareholder
se / écte appoin	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver trustee, or other court need fiduciary by that fiduciary)
-	TOSE JULIO HEINANDEZ (Typed or printed name of person signing)
-	President
	(Title of person signing)