P01000041471

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

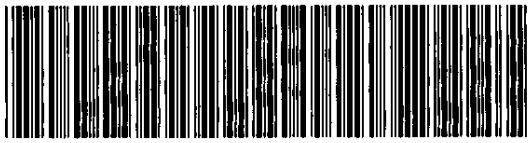
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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06/10/10--01014--020 **35.00

FILED
10 JUL -1 PM 1:12
SECRETARY OF STATE
TALLAHASSEE FLORIDA

M/C
&
Amend.
7-2-10
DC

FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 23, 2010

JIAN MA
JIANDE INTERNATIONAL, INC.
9300 SW 87 AVE., SUITE 7
MIAMI, FL 33176

SUBJECT: JIANDE INTERNATIONAL, INC.
Ref. Number: P01000041471

We have received your document and check(s) totaling $35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

THE CORPORATION NAME HAS BEEN LISTED AS THE PRESIDENT AND DIRECTOR ON PAGE 2 OF 3. THE TYPE OF ACTION BEING MADE IS THAT THE PRESIDENT AND DIRECTOR IS BEING REMOVED. OUR RECORDS REFLECT THE OFFICER/DIRECTOR BEING JIAN MA. IS JIAN MA BEING REMOVED AS AN OFFICER/DIRECTOR???? ALSO, THE CORPORATION IS NOT AND CANNOT BE ITS OWN OFFICER/DIRECTOR.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6906.

Darlene Connell
Regulatory Specialist II

Letter Number: 310A00015434

RECEIVED
2010 JUL -1 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 16, 2010

JIAN MA
JIANDE INTERNATIONAL, INC.
9300 SW 87 AVE., SUITE 7
MIAMI, FL 33176

SUBJECT: JIANDE INTERNATIONAL, INC.
Ref. Number: P01000041471

We have received your document and check(s) totaling $35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

PAGE 2 OF 3 IS MISSING????????? THE NEW NAME IS ILLEGIBLE. PLEASE TYPE THE NEW NAME IF POSSIBLE.

The name and title of the person signing the document must be noted beneath or opposite the signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6906.

Darlene Connell
Regulatory Specialist II

Letter Number: 210A00014786

RECEIVED
2010 JUN 21 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

How are you!

I only want to change the name of company. From: Jiande International, Inc

To: Jiande pain care center, Inc.

The president of the company still is Jian ma. I don't know I need to fill out page 2. or not? After change, the company name is:

Jiande Pain Care Center, Inc.

Address: 9300 sw. 87Ave. Suite #7
miami, FL 33176

Phone: (305) 595-3533

Jian ma

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Jiande International Inc

DOCUMENT NUMBER: P01000041471

The enclosed ***Articles of Amendment*** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jian Ma
Name of Contact Person

Jiande International Inc
Firm/ Company

9300 SW 87 Ave Ste 7
Address

Miami FL 33176
City/ State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jian Ma at (305) 595-3533
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:

☒ $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 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

Jiande International, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

P01000041471

(Document Number of Corporation (if known)

FILED
10 JUL -1 PM 1:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 607.1006, Florida Statutes, this ***Florida Profit Corporation*** adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

Jiande Pain Care Center, Inc.

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

9300 SW 87 Ave Ste 7
Miami FL 33176

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

9300 SW 87 Ave Ste 7
Miami FL 33176

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent: _____

New Registered Office Address: 9300 SW 87 Ave Ste 7
(Florida street address)

Miami, Florida 33176
(City) *(Zip Code)*

New Registered Agent's Signature, if changing Registered Agent:
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

X _____
Signature of New Registered Agent, 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)

Title	Name	Address	Type of Action
_____	none	_____	☐ Add ☐ Remove
_____	_____	_____	☐ Add ☐ Remove
_____	_____	_____	☐ Add ☐ Remove

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

none

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)

N/A

The date of each amendment(s) adoption: June 1, 2010
(date of adoption is required)

Effective date if applicable: June 15, 2010
(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

☒ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval

by _____."
(voting group)

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 06-08-2010

Signature X _____
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Jian Ma
(Typed or printed name of person signing)

President
(Title of person signing)