118000225462

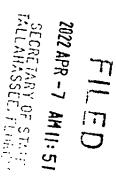
(Requestor's Name)				
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PICK-UP	☐ WAIT	MAIL		
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Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
J. HORNE				
APR 2.0 2024				

Office Use Only



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COVER LETTER

TO: Amendment Section

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations NAME OF CORPORATION: ____ L18000225462 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Welink LLZ Firm/Company 11111 San Jose Blvd Suite 56 # 1069, Jacksonville City/ State and Zip Code FL 3223 For further information concerning this matter, please call: Ping City

at (949) 241 3197

Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee ☐\$43.75 Filing Fee & □\$43.75 Filing Fee & \$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section

Division of Corporations
The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Articles of Amendment

Articles of Incorporation of		202		
J.	1	- F 7		
(Name of Corporation as currently filed with the Florida Dept. of State)				
(Document Number of	Corporation (if known)	75 3 0		
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	lorida Profit Corporation adopts the fol	lowing aroundment(s) to		
A. If amending name, enter the new name of the corporation:				
		The new		
name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."				
B. Enter new principal office address, if applicable:	11111 Sam Jose	Blud		
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Suite 56 # 1	069		
	Jacksonville,			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	IIII Son Jose	Blud		
	Suite 36 # 1	069		
	Jacksonville.	FL 32223		
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	ess in Florida, enter the name of the			
Name of New Registered Agent - Fire	S Ciu			
(Florida street address)				
New Registered Office Address: Jacks	Sonville Florida_	32223 (Lip Code)		
		·		
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar we	ith and accept the obligations of the posi	ition.		
	Trytu			
Signature of New Re	gistered 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)

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 Doc 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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X_Change	<u>PT</u>	John Dog		
X Remove	<u>V</u>	Mike Jones		
X Add	<u>SV</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	Name		<u>Addres</u> s
1) Change	Mana	ger Hui Ping	Zhu	1605 Wernon Ave
X Add		,		Jerome, 1L6270
Remove				
2) Change				
Add				
Remove Change				
Remove				
4) Change				
Add				
Remove				
5/ Change				
Add				
Remove				
6) Change				
Add				
Remove				

	al Articles, enter change(s) sary). (Be specific)		
NA			
			
			
			
			
			
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n amendment provides for a ovisions for implementing th			
(if not applicable, indicate)	V/A)	ied in the amendment resen-	<u>.</u>
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The date of eac	h amendmen	t(s) adoption:	$Ap = \frac{1}{2} \cdot qA$	4, 20.2	if other than the
date this docum	ent was signed	•			
mercustoo daa l	fuuntiaahlar		April	4.2022	
Effective date <u>i</u>	i appiicanie:	(no more	than 90 days afte	r = 202	
Note: If the dad	ite inserted in ective date on t	this block does not meet the he Department of State's rec	e applicable statut cords.	tory filing requirements	s, this date will not be listed as the
Adoption of A	mendment(s)	(CHECK ONI	<u>E</u>)		
口 The amendm action was n	nent(s) was/we ot required.	re adopted by the incorporate	ors, or board of di	irectors without shareho	lder action and shareholder
☐ The amendn by the share	nent(s) was/we holders was/w	re adopted by the shareholde ere sufficient for approval.	ers. The number of	of votes cast for the ame	endment(s)
☐ The amendu must be sep	nent(s) was/we arately provid	re approved by the sharehold ed for each voting group enti	ders through votin itled to vote separ	ng groups. The followin cately on the amendmen	g statement Us):
"The r	number of vote	s cast for the amendment(s)	was/were sufficie	nt for approval	
by		(voting group)		· · · · · · · · · · · · · · · · · · ·	
		(voting group)	•		
	Dated	414120	22		
	Signature	Duyl	Ju		
	(I s	By a director, president or othe elected, by an incorporator – ppointed fiduciary by that fid	her officer – if dir - if in the hands of		
			Ping L	ルレ	
		(Typed or I	printed name of p	erson signing)	
			Max-cos	ier	
		(Title of pe	erson signing)		