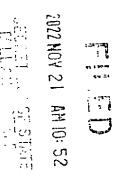
## N22000011005

| (Re                           | equestor's Name)        |
|-------------------------------|-------------------------|
|                               |                         |
| (Ac                           | ddress)                 |
| (//                           | au (                    |
|                               |                         |
| (Āc                           | ddress)                 |
|                               |                         |
|                               | ity/State/Zip/Phone #)  |
| (CII                          | ty/State/Zip/Filotie #) |
| PICK-UP                       | WAIT MAIL               |
|                               |                         |
| (Ви                           | usiness Entity Name)    |
| (                             | , · ·,                  |
|                               |                         |
| (Do                           | ocument Number)         |
|                               |                         |
| edified Conies                | Certificates of Status  |
|                               | Settindates of Status   |
|                               |                         |
| Special Instructions to Filin | ng Officer              |
|                               |                         |
|                               |                         |
|                               |                         |
|                               |                         |
|                               |                         |
|                               |                         |
|                               |                         |
|                               |                         |
| <u> </u>                      |                         |

Office Use Only



700397940487



2022 NOT 21 PH 3: 21

A. BUTLER NOV 2 4 2022

## FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 11/21/2022

NAME:

HUANG & GUO FAMILY FOUNDATION CORPORATION

TYPE OF FILING: AMENDMENT

COST:

35.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

## COVER LETTER

TO: Amendment Section Division of Corporations

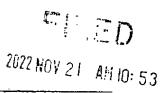
| NAME OF CORPORATI            | Huang & Guo Fami                            | ly Foundation  | - · · · · · · · · · · · · · · · · · · · |  |
|------------------------------|---|--|---|--|
| DOCUMENT NUMBER:             | N22000011005                                |  |   |  |
| The enclosed Articles of Art | mendment and fee are sub                    | mitted for filing.   |   |  |
| Please return all correspond | tence concerning this mat                   | ter to the following:  |   |  |
| Wujie Huang                  |   |  |   |  |
|                              |   | (Name of Contact F   | Person)                                 |  |
| Huang & Guo Family Foun      | dation Corporation                          |  |   |  |
|                              |   | (Firm/ Compar  | ny)                                     |  |
| 7401 SW 117th St.            |   |  |   |  |
|                              |   | (Address)  |   |  |
| Pinecrest, FL 33156          |   |  |   |  |
|                              | -   | (City/ State and Zip   | Code)                                   |  |
|                              | -mail address: (to be used                  | for future annual re   | port notification                       | n)   |
| For further information con- | cerning this matter, please                 | call:  |   | •  |
| Jerry Chin                   |   | я  | 718<br>I                                | 635-0776   |
|                              | (Name of Contact Person                     |  | (Arca Code)                             | (Daytime Telephone Number)                                   |
| Enclosed is a check for the  | following amount made p                     | ayable to the Florida  | Department of                           | State:   |
| 富 \$35 Filing Fee            | ☐\$43.75 Filing Fee & Certificate of Status | □\$43.75 Filing Fee<br>Certified Copy<br>(Additional copy<br>enclosed) | is Certii<br>(Addi                      | 0 Filing Fee ficate of Status fied Copy tional Copy is osed) |
| Mailing A                    | Address                                     | <u>St</u>  | treet Address                           |  |

Amendment Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of



| ridang of Guo Family Foundation Corporation  |                              | 0.1                                       |
|--|------------------------------|---|
| (Name of Corporation as currently filed with the Flo   | orlda Dept. of State)        |   |
| N22000011005   | ,                            | 形在為人 行為                                   |
| (Document  | Number of Corporation (if)   | (nown)                                    |
| Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:   | Statutes, this Florida Not F | or Profu Corporation adopts the following |
| A. If amending name, enter the new name of the co  | rporation:                   |   |
|  |                              | The new                                   |
| name must be distinguishable and contain the word "co<br>"Campany" or "Co." may not be used in the name. | orporation" or "incorporate  | d" or the abbreviation "Corp." or "Inc."  |
| B. Enter new principal office address, if applicable:  |                              |   |
| (Principal office address MUST BE A STREET ADD   |                              |   |
|  |                              |   |
|  |                              |   |
| C. Enter new mailing address, if applicable:   |                              |   |
| (Mailing address <u>MAY BE A POST OFFICE BO)</u>   | <u> </u>                     |   |
|  |                              |   |
|  |                              |   |
| D. If amending the registered agent and/or register  | ed office address in Florids | enter the name of the                     |
| new registered agent and/or the new registered of  | office address:              | Leaver the name of the                    |
| Name of New Registered Agent:  |                              |   |
|  |                              |   |
| New Registered Office Address:   | (F                           | lorida street address)                    |
| New Negatierea Office Adaress:   |                              |   |
|  |                              | , Florida                                 |
|  | (City)                       | (Zip Code)                                |
| New Registered Agent's Signature, if changing Regi   | stered Agent:                |   |
| I hereby accept the appointment as registered agent.   | I am familiar with and accep | t the obligations of the position.        |
|  |                              | •   |
| <del></del> -  | Signature of New Regis       | tered Agent, if changing                  |
|  | G                            |   |

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 X Remove X Add                   | PT<br>V<br>SV            | John Doc<br>Mike Jones<br>Sally Smith                       |                                   |
|--|--------------------------|---|-----------------------------------|
| Type of Action<br>(Check One)                      | Title                    | <u> </u>  | <u>Addres</u> s                   |
| 1) Change Add                                      |                          |   |                                   |
| Remove   |                          |   |                                   |
| 2) Change Add                                      |                          |   |                                   |
| Remove 3) Change Add Remove                        |                          | -   |                                   |
| 4) Change Add                                      |                          |   |                                   |
| Remove   |                          |   |                                   |
| 5) Change Add                                      |                          |   |                                   |
| Remove   |                          |   |                                   |
| 6) Change Add                                      |                          |   |                                   |
| Remove   |                          |   |                                   |
| E. If amending or addir<br>(attach additional shee | ng addlti<br>ets, if nec | onal Articles, enter change(s) here: essary). (Be specific) |                                   |
| ARTICLE III The specifi                            | ic purpos                | for which this corporation is organized is:                 |                                   |
| The organization is organ                          | nized excl               | usively for charitable, religious, educational, and         | scientific purposes under section |
| 501(c)(3) of the Internal                          | Revenue                  | Code, or corresponding section of any future feder          | al tax code. Upon dissolution of  |
|  |                          | stributed for one or more exempt purposes within            |                                   |
|  |                          | orresponding section of any future federal tax cod          |                                   |

| federal government, or to a state or  | local government, for a public purpose.   |                     |
|---|---|---------------------|
|   |   |                     |
|   |   |                     |
|   |   |                     |
|   |   | <del></del>         |
|   |   |                     |
|   |   |                     |
| <del></del>   |   |                     |
|   |   |                     |
|   |   | <del></del>         |
|   |   | <del></del>         |
|   |   | <del></del>         |
|   |   |                     |
| <del></del>   |   |                     |
|   |   |                     |
| · · · · · · · · · · · · · · · · · · ·   |   | <u>.</u>            |
| ······  |   | <del></del>         |
|   |   | ·                   |
|   |   |                     |
|   |   |                     |
|   |   |                     |
|   |   |                     |
|   |   |                     |
|   |   |                     |
|   |   |                     |
|   |   |                     |
|   |   |                     |
|   |   |                     |
| The date of each amendment(s) acd<br>date this document was signed.           | doption:  | , if other than the |
| Effective date <u>if applicable</u> :   |   |                     |
|   | (no more than 90 days after amendment file date)  |                     |
| Note: If the date inserted in this blo<br>document's effective date on the De | ck does not meet the applicable statutory filing requirements, this date will n<br>partment of State's records. | ot be listed as the |
| Adoption of Amendment(s)  | (CHECK ONE)   |                     |
| ☐ The amendment(s) was/were as was/were sufficient for approve                | dopted by the members and the number of votes cast for the amendment(s) al.                                     |                     |

| There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.   |  |  |  |
|--|--|--|--|
| Dated  |  |  |  |
| Signature  |  |  |  |
| (By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) |  |  |  |
| Wujie Huang  |  |  |  |
| (Typed or printed name of person signing)  |  |  |  |
| Chairman of the Board of Directors   |  |  |  |

(Title of person signing)