N2400005359

(Re	equestor's Name)	
(Ad	idress)	
(Ad	ldress)	
(Cit	:y/State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
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October 29, 2024

QIME LI 6240 PEMBROKE RD MIRAMAR, FL 33023

SUBJECT: ORIENTAL CULINARY & ART INSTITUTE INC

Ref. Number: N24000005359



We have received your document for ORIENTAL CULINARY & ART INSTITUTE INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a PROFIT CORPORATION, but your entity is a NON PROFIT CORPORATION. Please complete and return the enclosed blank form(s).

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) 245-6050.

Letter Number: 024A00023851

SHANTELL BROWN Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: ORIENTAL CULI	NARY & ART INSTITUT	E INC	
	ABER: N24000005359			
	es of Amendment and fee are su	bmitted for filing.		
Please return all cor	respondence concerning this ma	tter to the following:		
	QIMEI LI			
		Name of Contact Persor	1	
	ORIENTALCULINARY & A	ART INSTITUTE INC		
		Firm/ Company	SECRETARY	
	6240 PEMBROKE RD		É-RET	
Address				
MIRAMAR,FL,US 33023				
City/ State and Zip Code				
	supertracylee001@gmail.con	1	ָ <u>֖</u> ֖֖֖֖֖֖֖֖֖֖֖֖֖֖֖֖֖֖֖֖֖֖֖֖֖֖֖֖֖֖֖֖֖֖֖	
	E-mail address: (to be us	sed for future annual report	notification)	
For further informat	ion concerning this matter, pleas	se call:		
QIMEI LI		954 at (de & Daytime Telephone Number	
Nan	e of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check	for the following amount made	payable to the Florida Dep	artment of State:	
■ \$35 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

		Institute	INC		
Name of Corporation as currently filed with the Flor	<u>rida Dep</u>	t, of State)			
N2400005359			<u> </u>		<u> </u>
(Document N	Number o	of Corporation (if known)		
Pursuant to the provisions of section 617.1006, Florida Samendment(s) to its Articles of Incorporation:	Statutes, 1	his <i>Florida No</i>	t For Profit Co	rporation adopt	s the following
A. If amending name, enter the new name of the corp	<u>poration</u>	<u>:</u> ,			
Asian Culinary & Art Instance must be distinguishable and contain the word "con	stitut	e INC			The new
name must be distinguishable and contain the word "con	rporation	" or "incorpor	ated" or the ab	breviation "Co.	rp, " or "Inc."
"Company" or "Co." may not be used in the name.					بہ
B. Enter new principal office address, if applicable:		N/A			SE PP.
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDR</u>	RESS)				强 居
	_				
					<u> </u>
		11.			30g 菜
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	Χ) _	1 / A			
(Manny many or server server)					- Total 23
			·		- 15
	_	<u> </u>			
	ad affina	addrace in Fla	rida enter the	name of the	
D. If amending the registered agent and/or registere new registered agent and/or the new registered of	office add	ress:	indu, emer the		
	1/1	/I			
Name of New Registered Agent:	141	<u>''</u>			
<u> </u>					
New Registered Office Address:			(Florida street o	daress)	
New Registered Office Address.	NIA	ł			V / A
		(Citv)		, Florida (Zip Cod	le)
		(cui)		(121) 000	
New Registered Agent's Signature, if changing Regis	istered A	gent:	1 (2)	المارين	
New Registered Agent's Signature, it changing isegs. I hereby accept the appointment as registered agent. I	l am fami	liar with and ac	ecept the obliga	tions of the pos	non.
		ature of New R		. italianaina	<u> </u>
	Sim	atore of New R	roistered Agen	и и спаприяд	

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	<u>V</u> <u>Mik</u> o	Doe 2 Jones 7 Smith		
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s	
1) <u>₩/A</u> Change Add	<u> [v] </u>	MA	W/ A	
Remove				
2) Change Add				—— ———————————————————————————————————
Remove 3) Change Add Remove			TORE TORK	
4) Change Add				
Remove 5) Change Add			nt in	い
Remove				
6) Change Add				
Remove				
E. If amending or ad (attach additional s	ding additional . heets, if necessar	Articles, enter change(s) here: y). (Be specific)		

			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	<u> </u>		
			
		<u> </u>	
			2074 DEC SECRET
			SECRETARY
			TO TO
			RY OF STATE
			9: 32 FE STATE
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	. 1.0		
The date of each amendment(s) adoption:date this document was signed.			, if other than the
Effective date if applicable: (no mor	NIA		
Note: If the date inserted in this block does not m document's effective date on the Department of St	eet the applicable statulate's records.	tory filing requirements, this c	fate will not be listed as the

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

(CHECK ONE)

Adoption of Amendment(s)

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	NOV. 19, 2024		
Signature	gern (in)		
have	e chairman or vice chairman of the board, president or other officer-if directors not been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)		
	Kenny Tring		
_	(Typed or printed name of person signing)		
	president		

(Title of person signing)

2004-DEC-4 AM 9: 32 SECRETARY OF STATE