(Requi	estor's Name)	
(Addre	ss)	
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(City/S	tate/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Busin	ess Entity Nar	ne)
(Docui	ment Number)	
Certified Copies	Certificates	s of Status
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SECRETARY OF STATE A Some Person as Yi Lang Liu Apr 5/26/109

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CO	RPORATION: Taiwan Tra	ade Center Mian	ni, INC.
DOCUMENT	NUMBER: N5/3/8		
The enclosed A	rticles of Amendment and fee are subm	itted for filing.	
Please return all	correspondence concerning this matter	to the following:	
	Cindy Chin (Name of C		
-	(Name of C	ontact Person)	
	Taiwan Trade (Firm/	Center <u>Hiami</u> Company)	
-	5301 Blye Lagor	dress)	50
-	Miami, 7L 33/ (City/ State:	26 and Zip Code)	
_	miami @ taitra. E-mail address: (to be used to	org. two	on)
For further infor	mation concerning this matter, please c	all:	
Cindy	Cuin Name of Contact Person)	at (305) 266-	9191
(1)	Name of Contact Person)	(Area Code & Daytime	Telephone Number)
Enclosed is a ch	eck for the following amount made pay	able to the Florida Department of	State:
Ճ \$35 Filing Fe	e ☐ \$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	Street Address	•
	Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amendment Section Division of Corporations Clifton Building 2661 Executive Center Ci	ircle

Tallahassee, FL 32301

01 P.2

•		FILED
,	Articles of Amendment	2009 MAY 20 PM 3:
	to	- EU PH 31
	Articles of Incorporation	SECRETARY
	of	ALLAHASSEE STAT
Taiwan Trade	L Center Miami, In	SECRETARY OF STATE
	as currently filed with the Florida Dep	<u></u>
N 5/3		
(Docume	ent Number of Corporation (if known)	
e following amendment(s) to its Article	•	nt For Profit Corporation adopts
. If ameading name, enter the new	RAME OF THE COPPOPATION:	
	and contain the word "corporation"	
breviation "Corp." or " Inc." <u>"Com</u>	oany" or "Co." may not be used in the n	rame.
Enter new principal office address	if annlicable	
rincipal office address MUST BE A		
<u></u>	//	
	finable:	
Enter new mailing address, if app (Mailing address MAY BE A POST	COFFICE ROX	
(Mathematical Contraction of the		·····
If amonding the registered agent a	nd/or registered office address in Flor	ide, enter the name of the
new registered agent and/or the ne	w registered office address:	and all the time the state of the
	•	. •
Name of New Registered Agent:	Liu, Yi-Lia	<u>119</u>
	•	•
No. Decisional Office Address.	(Florida street address	-1
New Registered Office Address:	(rtoriua street adares)	<i>,</i>
•		, Florida
	(City)	(Zip Code)
	,	
w Registered Agent's Signature, if	changing Registered Agent:	
	gistered agent. I am familiar with an	d accept the obligations of the
sition.		

Page 1 of 3

Signature of New Registered Agent, if changing

X

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	<u>Name</u>	<u>Address</u>	Type of Action
<u>D</u>	Liu, Yi-Liang	5301 Blue Lagoon Dr., STE. 158 Mami, FL 33126	_ ⊠ Add _ □ Remove
<u>C</u>	Wang, Chih - Kang	7FL. 333 Keelungk SEC. 1, Taipei Taiwan, TW 110	?√.⊠ Add _ □ Remove
<u>D.</u>	Hsu, C.J.	776.333 Keelung R. SEC.1, Taipei Taiwan TW 110	∠ □ Add □ ☑ Remove
	ting or adding additional Articles, ente additional sheets, if necessary). (Be spec		
	•		
			
			,

· 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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>D</u>	Kung, Michelle	530/ Blue Lagoon Dr., Ste. 156 Hiami, FL33/26	☐ Add ⊠ Remove
			☐ Add☐ Remove
			☐ Add ☐ Remove
	ng or adding additional Articles, enter litional sheets, if necessary). (Be speci		

Page 3 of 3