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SECRETARY OF STATE
AH ASSEE, FLORID

Amend

C.COULLIETTE

MAR 17 2009

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	LIN'S CORPORATION
DOCUMENT NUMBER:	LINS CORPORATION PO1000053837
The enclosed Articles of Amendment and	fee are submitted for filing.
Please return all correspondence concernin	g this matter to the following:
Jas	GEPH LEUNG CPA
(N	ame of Contact Person)
Jo	SEPH LEUNG PA (Firm/Company)
	(Firm/ Company)
18	999 BISCAYNE Blub, #205
	(Address)
Au	/ENTURA, FL 33180
(Ci	ty/ State and Zip Code)
For further information concerning this ma	tter, please call:
JOSEPH (EUNG)	at (305) 933-9515
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
	nt made payable to the Florida Department of State:
\$35 Filing Fee \$\times \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & S52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) 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

Articles of Incorporation of

LINS 1	CORPORATION	
(Name of Corporation as currently filed with the		
POI 2000 5		
(Document Number of Corporation		
Pursuant to the provisions of section 607.1006, Florida Statute following amendment(s) to its Articles of Incorporation:	tes, this Florida Profit Corporation adopts the	
A. If amending name, enter the new name of the corporation	<u>n:</u>	
The new name must be distinguishable and contain the "incorporated" or the abbreviation "Corp.," "Inc.," or Co., "Co". A professional corporation name must contain association," or the abbreviation "P.A."	," or the designation "Corp," "Inc," or	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A THE CREATE TO SHAPE TO SHA	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	TARY OF STATE ASSEE FLORIDA	
D. If amending the registered agent and/or registered office and new registered agent and/or the new registered office add	dre <u>ss:</u>	
Name of New Registered Agent: WE	IS AVE, # T23, SUNNY ISLES BEA	n st
New Registered Office Address: (Florid	ida street address) SUNNY ISLES SUNNY ISLES (City) (Zip Code)	160
New Registered Agent's Signature, if changing Registered Agent. I am f position.	gent:	
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	<u>Address</u>	Type of Action
PD	XUE XIN, LIN	18090 Collins AVE # T23 SUNNY 15163 Bed, FL 33	_ Add _ Remove
		34NNY 10163 1001, 12 33	76,5 _ □ Add _ □ Remove
Po	WEI, LIN	18090 Collins AVE	Add Remove
		18090 Collins AVE # T23 Sway ISLES BEACH FL 3316	- - 0
	mending or adding additional Articles ch additional sheets, if necessary). (E	s, enter change(s) here: Se specific)	
		N/A	
	<u></u>		
F. If a	ovisions for implementing the amendr	nge, reclassification, or cancellation of in ment if not contained in the amendment	ssued shares,
	(if not applicable, indicate N/A)		
		N/A	
	 	······································	

The date of each amendment(s) adoption: MARCH 12, 2009				
Effective date if applicable:				
$\overline{\hspace{1cm}}$ (n	o more than 90 days after amendment file date)			
Adoption of Amendment(s)	(<u>CHECK ONE</u>)			
The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.			
	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):			
"The number of votes case	t for the amendment(s) was/were sufficient for approval			
by	oting group)			
(vo	oting group)			
The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholder			
The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder			
Dated MA	ect 12,2009			
ABy a d selecte	director, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)			
_	(Typed or printed name of person signing)			
_	(Typed or printed name of person signing)			
_	PRESIDENT			
	(Title of person signing)			