## PD1000053831

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SECRETARY OF STATE ON SIGNED OF CORPORATIONS

Anund no.5,15

## **COVER LETTER**

TO: Amendment Section Division of Corporations LIN'S CORPORATION NAME OF CORPORATION: PO1000053837 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: ANGELINA C. LI
Name of Contact Person ACCOUNTING P.A.
Firm/ Company 3363 SHERIDAN STREET Howywood, FL 3302)
City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: LIN, TING

Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is enclosed) (Additional Copy is enclosed)

## **Mailing Address**

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section

Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

Street Address

## Articles of Amendment to Articles of Incorporation of



LIN'S	CORPORATION		
(Name of Corporation as	currently filed with the Flor	ida Dept. of State)	
Pola	00053837		
(Documen	t Number of Corporation (if k	nown)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this <i>Flo</i>	orida Profit Corporation a	dopts the following amendment(s)
A. If amending name, enter the new na	me of the corporation:		
NOWE			The new
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associated."	ation "Corp," "Inc," or "Co	". A professional corpore	orated" or the abbreviation ation name must contain the
B. Enter new principal office address, i		NONE	
(Principal office address MUST BE A ST	TREET ADDRESS )		
			<del></del>
C. Enter new mailing address, if applications		NONE	
(Mailing address MAY BE A POST C	OFFICE BOX)	NOIVE	
			<del></del>
D. If amending the registered agent and	d/or registered office address	e in Florida, antar the nar	na of tha
new registered agent and/or the new		s in Fibrida, enter the nai	ne or tne
Name of New Registered Agent	LIN, TING		
Hermo of the Registronia Tigoria			•
	18090 COLLINS (Florida street	address)	-
New Registered Office Address:			
New Registerea Office Address:	SUNNY ISLES B.	, Florida	(Zip Code)
New Registered Agent's Signature, if ch I hereby accept the appointment as registe		h and accent the obligation	rs of the position
		a and decept the omegation	o of the position.
<u>v</u>	enature of New Registered Age	ent 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 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.

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Example: X Change	PT John Doe	
X Remove	<u>V</u> <u>Mike Jones</u>	
X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	<u>Addres</u> s
1) Change	PSTD LIN. TING	18090 COLUNS AVE T-23
Add		SUNNY ISLES BEACH, FL 33160
Remove		
2) Change	BTD LIN, WEI	18090 COLLINS AVE T-23
Add		SUNNY ISLES BEACH, FL 33160
Remove		
3) Change		
Add		
Remove		
4) Change		
Add		
Remove		
5) Change		40-1-40-
Add		
Remove		
6) Change		
Add		
Remove		

E. If amending or a	dding additional Artic	cles, enter change(s) here:
(Attach additional	sheets, if necessary).	(Be specific)
•	Aloute	
	INUN E	
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<del> </del>		<u> </u>
	-	
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D 14		1 100 of 11 100 of 12 of
F. It an amendment	provides for an excha	ange, reclassification, or cancellation of issued shares,
provisions for it	npiementing the amen	ndment if not contained in the amendment itself:
	cable, indicate N/A)	
A	JONE	
	701VL	
<u></u>		
	<del>"</del>	

The date of each amendment(s) adoption: TEO 21, 2013  date this document was signed.	, if other than the
Effective date if applicable: JAN 15T, 2015  (no more than 90 days after amendment file date)	_
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes east for the amendment(s) was/were sufficient for approval	
by"  (voting group)	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated @ 2/27/15	
Signature  (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
LIN. TING	
(Typed or printed name of person signing)	•
PRESIDENT (Title of person signing)	
(Title of person signing)	