PO4000052679

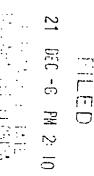
; (Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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T. LEMIEUX

COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: MD Oriental Market, Inc
DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Xue Song Alex Yu Name of Contact Person Alex Yu P. A. Firm/ Company
15255 Amberly Dr. Address
Tompa, FL 33647 City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (813) 514 - 2885 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee S43.75 Filing Fee SCertificate of Status Certified Copy (Additional Copy is enclosed) S43.75 Filing Fee S43.75 Filing Fee Scertified Copy (Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, Fl. 323142415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

MD ORIENTAL MARKET, INC

(Name of Corporati	on as currently file	d with the Florida	Dept. of State)	
P04000052679				
(Docur	nent Number of Cor	poration (if known)		
Pursuant to the provisions of section 607.1006. Floridates Articles of Incorporation:	a Statutes, this <i>Flori</i>	da Profit Corporatio	on adopts the following	ing amendment(s) to
A. If amending name, enter the new name of the co	orporation:			
				The new
name must be distinguishable and contain the word "co "Inc.," or Co.," or the designation "Corp," "Inc. "chartered," "professional association," or the abbre	" or "Co". A pro			
B. Enter new principal office address, if applicable				
(Principal office address <u>MUST BE A STREET ADI</u>	DRESS)			
	_			
	_			21
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	M)		2 (1) 5 <u>-</u> 10	0
(Mutang dadress MAT BLATOST OFFICE DO				
			· · · · · ·	- 0 [1]
				_
D. If amending the registered agent and/or registe	red office address i	n Florida, enter the	name of the	. <i>1</i> .9
new registered agent and/or the new registered				
Name of New Registered Agent				_
				_
	(Florida street aa	ldress)		
New Registered Office Address:			Florida	
	(City)	•	(Zip	Code)
New Registered Agent's Signature, if changing Reg	gistered Agent:			
hereby accept the appointment as registered agent.	I am familiar with a	ind accept the obliga	itions of the position	
	-			
Sign	ature of New Registe	erbd Agent, if changi	ing	

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

Please note the officer/director title by the first letter of the office title:

 $P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C \neq Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.$

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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	D	Kin Fung Cheng	10539 Bermuda Isle Dr
X Add			Tampa, FL 33647
Remove			
2) Change			
Add			
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	ticles, enter change(s) here: (Be specific)
	· · · · · · · · · · · · · · · · · · ·
7 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
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· · · · ·	
	
for amondment arevides for an oral	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
· · ·	
	<u>.</u>
	THE STATE OF THE S

The date of each amendment(s) and date this document was signed.	doption:	, if other than the
Effective date if applicable:	12/3/2021 (no more than 90 days after amendme	nt file date)
	lock does not meet the applicable statutory filing r	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
[] The amendment(s) was/were addaction was not required.	pted by the incorporators, or board of directors with	nout shareholder action and shareholder
Xi The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes cast fficient for approval.	for the amendment(s)
	roved by the shareholders through voting groups. The each voting group entitled to vote separately on the	
"The number of votes cast	for the amendment(s) was/were sufficient for appro	val
by	(voting group)	_ .
(By a di selected	rector, president or other officer – if directors or officer soft in the hands of a receiver, ed fiduciary by that fiduciary) Kin Fung Cheng	trustee, or other court
	Kin Fung Cheng (Typed or printed name of person signin	g)
	Director	<u> </u>
	(Title of person signing)	