	D	
(Requestor's Name)	
	Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
, i		
(Business Entity Name)	
	Description Advantage	
(Document Number)	
Certified Copies	Certificates of	Status
Special Instructions	to Filing Officer:	

Office Use Only



600279965316

12/18/15--01023--010 **35.00

DEC 22 2015

R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: FRIENDSHIP FLO	ORIDA TRAVEL, INC.	
	BER: P04000065984		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	JIN, XIAO PING		
		Name of Contact Persor	1
	FRIENDSHIP FLORIDA TR	RAVEL, INC.	
		Firm/ Company	<u> </u>
	15654 SW 16TH CT.		
		Address	
	PEMBROKE PINES, FL 330)27	
.92		City/ State and Zip Code	e
flfrie	ndshiptravel@yahoo.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	n concerning this matter, pleas	e call:	
Leon Liu	,	at (
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	□\$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)
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 lahassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

15 DEC 18 AH 4: 58

FRIENDSHIP FLORIDA TRAVEL, INC.

SECRETARY OF STATE TALLAHASSEE FLORIDA

(Name of Corporation as currently filed 204000065984 (Document Number of Corporation of Section 607.1006, Florida Statutes, this Floridal Statutes of Incorporation: If amending name, enter the new name of the corporation: ame must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". Ford "chartered," "professional association," or the abbreviation "P.A." Enter new principal office address, if applicable:	oration (if known) The new company," or "incorporated" or the abbreviation
ursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florid</i> is Articles of Incorporation: Left amending name, enter the new name of the corporation: ame must be distinguishable and contain the word "corporation," "corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co", ord "chartered," "professional association," or the abbreviation "P.A."	The new company," or "incorporated" or the abbreviation
Articles of Incorporation: If amending name, enter the new name of the corporation: ame must be distinguishable and contain the word "corporation," "corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Co". ord "chartered," "professional association," or the abbreviation "P.A."	The new company," or "incorporated" or the abbreviation
ame must be distinguishable and contain the word "corporation," "c Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". ord "chartered," "professional association," or the abbreviation "P.A."	company," or "incorporated" or the abbreviation
Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". ord "chartered," "professional association," or the abbreviation "P.A."	company," or "incorporated" or the abbreviation
Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". ord "chartered," "professional association," or the abbreviation "P.A."	company," or "incorporated" or the abbreviation A professional corporation name must contain the
Enter new principal office address, if applicable:	
	501 Pines Blvd.#202-S
Driveinal office address MUST DE A STREET ADDRESS	mbroke Pines, FL 33029
-	
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
 If amending the registered agent and/or registered office address in new registered agent and/or the new registered office address: 	Florida, enter the name of the
Name of New Registered Agent	
(Florida street add	(ress)
New Registered Office Address:	, Florida
(City)	(Zip Code)

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	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
_X Add	<u>sv</u>	<u>Sally Si</u>	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change				
Add				
Remove				
2) Change		_		
Add				
Remove				
3) Change		_		
Add				<u> </u>
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add		_		
Remove				
6) Change		_		***************************************
Add				
Remove				

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
f an amendment provides for an eych	nange, reclassification, or cancellation of issued shares,
provisions for implementing the amei	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) addate this document was signed.	loption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	lock does not meet the applicable statutory filing requirements, this date wil partment of State's records.	l not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.	
	roved by the shareholders through voting groups. The following statement 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 add action was not required.	pted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were add action was not required.	pted by the incorporators without shareholder action and shareholder	
12/02/2015 Dated		
Signature_	as por	
selecte	irector, 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 led fiduciary by that fiduciary)	
	JIN, XIAO PING	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	