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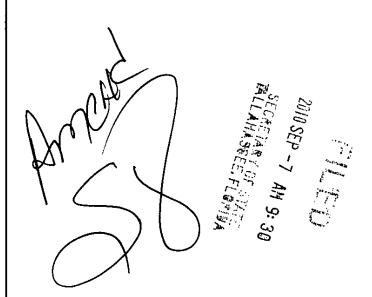
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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF COR	PORATION: Hirg	Lung Sushi, In	e.
DOCUMENT NU	MBER: POGODE	0095109	
The enclosed Artic	cles of Amendment and fee a	re submitted for filing.	
Please return all co	orrespondence concerning this	s matter to the following:	
	Xiang	Ven Cao ame of Contact Person	
	Hing L	ung Sushi, Inc.	
	7159 Ph	Address Highway E	3 _{wy} 3
	Jacksonvil	Ilc PL 3 2256 ity/ State and Zip Code	
	E-mail address: (to be used	d for future annual report notification)	
For further inform	ation concerning this matter,	please call:	
Xiang Name	Cao e of Contact Person	at (<u>904</u>) <u>332</u> Area Code & Daytime Tele	ephone Number
Enclosed is a chec	k for the following amount m	ade payable to the Florida Depart	ment 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)
Mailing A Amendmen Division of P.O. Box 6	nt Section f Corporations	Street Address Amendment Section Division of Corporations Clifton Building	

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to

Articles of Incorporation of

	01		JA.
Him Lung S	Jushi, Inc.	A Concentration of the Concent	~~>
(Name of Corporation as curre		da Dept. of State)	SCP >> 44
P0600	0095109	·	86.05 m
	ber of Corporation (if known	own)	Soft.
ursuant to the provisions of section 607.1006 nendment(s) to its Articles of Incorporation:	5, Florida Statutes, this I	Florida Profit Corporation adop	ots the follo
If amending name, enter the new name of	f the corporation:		
			The new
bbreviation "Corp.," "Inc.," or Co.," or the ame must contain the word "chartered," "pro	fessional association," or		orporation
Enter new principal office address, if app rincipal office address MUST BE A STREE			-
mequi office address <u>MOST BLASTREE</u>	<u>1 ADDRESS</u>)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)			-
. If amending the registered agent and/or r		in Florida, anton the name of the	- ha
new registered agent and/or the new regis		in Fiorida, enter the name of the	<u>iie</u>
Name of New Registered Agent:			
name by New Registered rigem.			
New Registered Office Address:	(Florida street	address)	
		, Florida_	
	(City)	(Zip Code)	
ew Registered Agent's Signature, if changir	na Registered Agent:		
hereby accept the appointment as registered a		and accept the obligations of the	position.
	ignature of New Registere	ed 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)			
<u>Title</u>	Name -	Address	Type of Action
<u>S</u>	Zeng Chen Lau	7159 Phillips Hu Bay 3 Facksonville FL 32	256
<u>VP</u>	chun Yu Liu	7159 Phillips Hwy Bay 3 Sacksonville FL	! □ Add □ Remove 32256
			Add Remove
	g or adding additional Articles, enter citional sheets, if necessary). (Be specific		
provisions	ndment provides for an exchange, reclass for implementing the amendment if no applicable, indicate N/A)		

The date of each amendment(s) add	eption: $\frac{9/3}{2010}$
Company of the Compan	(date of adoption is required)
Effective date <u>if applicable</u> : (no m	ore than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adop by the shareholders was/were suff	sted by the shareholders. The number of votes cast for the amendment(s) icient for approval.
· · · · · · · · · · · · · · · · · · ·	oved by the shareholders through voting groups. The following statemen ach voting group entitled to vote separately on the amendment(s):
"The number of votes cast for	the amendment(s) was/were sufficient for approval
by	g group)
(voting	g group)
The amendment(s) was/were adoptaction was not required.	sted by the board of directors without shareholder action and shareholder
The amendment(s) was/were adoptaction was not required.	sted by the incorporators without shareholder action and shareholder
Dated_X C	1/3/10
selected, b	ctor, president or other officer – if directors or officers have not been y an incorporator – if in the hands of a receiver, trustee, or other court fiduciary by that fiduciary)
	(Typed or printed name of person signing)
	President
	(Title of person signing)