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COVER LETTER

The state of the s Division of Corporations OISHI ORLANDO, INC NAME OF CORPORATION: _____ P06000137566 DOCUMENT NUMBER: __ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Ittiwat Suntron
Name of Contact Person Oishi Orlando, INC
Firm/Company 11025 International Drive Orlando FL 32821
City! State and Zip Code bovywfg @ gmail. Com
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (<u>AO7</u>) <u>AA3 - 1534</u> Area Code & Daytime Telephone Number 1Hinat Suntron
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 Filling Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address

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

TO: Amendment Section

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

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Articles of Incorporation

OISHI ORLANDO INC (Name of Corporation as currently filed with the Florida Dept. of State) P06000137566 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation

word * chartered, " "professional association," or the B. Enter new principal office address, if applicable	. / ^	
(Principal office address MUST BE A STREET ADI		
C. Enter new mailing address, if applicable:	N/A	
(Mailing address <u>MAY BE A POST OFFICE BO</u>	<u> </u>	
D. If any ading the maje tomal and a second a second and a second a second and a second a second and a second a second and a second a second a second a second and a second a second a second a second a		
 If amending the registered agent and/or registered new registered agent and/or the new registered 		
Name of New Registered Agent	N/A	
Name of New Negistered Agent		
	(Florida street address)	
New Registered Office Address:	, Florida, Florida	(Zip Code
	(*****)	(124)
New Registered Agent's Signature, if changing Reg		
I hereby accept the appointment as registered agent.	I am familiar with and accept the obligations of the po	sition.

Signature of New Registered Agent, if changing

of winending 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, I - Treasurer; S = Secretary; D = Director, TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO - Chief Emancial 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	PT	John Doe	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	VP	MUNGPET, PATSAWEE	11025 INTERNATIONAL DRIVE
Add			STEA ORLANDO, FL
Remove			32921
2) Change	VP	SUNTHORN, UTLS	11025 INTERNATIONAL DRIVE
Add			STE A URLANDO, FL
Remove			32821
3) Change			
Add			
Remove			
4) Change	_		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove	•		

If amending or adding additional Arti Attach additional sheets, if necessary)	(Be specific)
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f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the amed (if not applicable, indicate NA)	ndment if not contained in the amendment itself:
(y ma apparation, mateur (* .1)	
	
, <u></u>	

The date of each amendment(s) adoption:	_, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory tiling requirements, this date will document's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast 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 cast for the amendment(s) was/were sufficient for approval	
by tvoting group)	
tvoting groups	
☐ 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	
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)	_
(Typed or printed name of person signing)	
(Typed or printed name of person signing)	
Title P	
(Title of person signing)	