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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	: #)
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(Do	ocument Number)	
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Andrad 10,00,14

COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: E-Z Luggage, Inc. **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Shimin Tao

Name of Contact Person

E-2 Lusgase, Inc.

Firm/ Company

705 S. Kirkman Road

Address

Orlando FL 32811

City/ State and Zip Code MYEZROLL 9 Yohoo - Com
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Shimin Tao at (407) 325 9262

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: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is enclosed) (Additional Copy is enclosed) **Mailing Address Street Address** Amendment Section Amendment Section

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

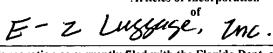
Clifton Building

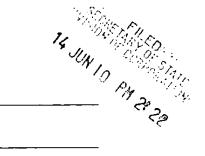
Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Articles of Amendment Articles of Incorporation





(Name of Corporation as currently filed with the Florida Dept. of State)

POBOOOD 55550
(Document Number of Corporation (if known)

endment(s) to

If amending name, enter the new name of the corporation: N/A	
me 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.	. A professional corporation name must
Enter new principal office address, if applicable: incipal office address MUST BE A STREET ADDRESS)	N/A
Enter new mailing address, if applicable:	N/ A
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
	in Florida, enter the name of the
new registered agent and/or the new registered office address:	in Florida, enter the name of the
new registered agent and/or the new registered office address:	in Florida, enter the name of the
new registered agent and/or the new registered office address:	
Name of New Registered Agent (Florida street a	address)
Name of New Registered Agent Name of New Registered Agent	
Name of New Registered Agent (Florida street a New Registered Office Address: New Registered Office Address: (City)	uddress)
Name of New Registered Agent New Registered Office Address: New Registered Office Address:	nddress) , Florida(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> <u>John</u>	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	: Jones	
X Add	<u>SV</u> <u>Sally</u>	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	NIA		
Add			
Remove			
2) Change	N/A		
Add			
Remove	N/A		
3) Change			-
Add			
Remove			
4) Change	N/A		
Add			
Remove			
5) Change	N/A		
Add			
Remove			
Kemove	. 1/4		
6) Change	NA		
Add			
Remove			

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(у пог аррпсави	s, multure 147	л)						
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The date of each amendment(s) adoption: date this document was signed. Effective date if applicable:	, if other than the
Effective date if applicable:	
(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 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" (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	
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)	
Dwner / P.	
(Title of percon signing)	