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(Re	, equestor's Name)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL.
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION:	ut choi, Inc.
DOCUMENT NUMBER:	9000095334
The enclosed Articles of Amendmen	and fee are submitted for filing.
Please return all correspondence cond	cerning this matter to the following:
***************************************	Hongbo Lin Name of Contact Person
Yu	t Choi, Inc. Firm/ Company
<u> </u>	160 NW 45th St. Address
	Sunyise, T-L, 33351. City/ State and Zip Code
hlin 18 E-mail addres	@ hotmail. Com s: (to be used for future annual report notification)
For further information concerning the	nis matter, please call:
Hongbo Lin Name of Contact Person	at (321) 229-5527 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 Certificate of S	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

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ntly filed with the Florid	la Dept. of State)
75334	TRANSIL
ber of Corporation (if known	own)
5, Florida Statutes, this F	Florida Profit Corporation adopts the
the corporation:	
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	c," or "Co". A professional corpora
licable:	
I ADDRESS)	
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	in Florida, enter the name of the
tered office address:	
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(Florida street	address)
	. Florida
(City)	(Zip Code)
a Dagistanad Agante	
gent. I am familiar with a	and accept the obligations of the positi
	· ·
gnature of New Registere	d Agent, if changing
	c. ntly filed with the Floric 15 3 3 4 ber of Corporation (if known) f, Florida Statutes, this F the corporation: the word "corporation," designation "Corp," "Infessional association," or icable: FADDRESS CE BOX CE BOX (Florida street of (City) g Registered Agent:

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)

Title VP	Name Jun Zhao	Address 6972 Crooked T Lake Worth, FL,3	Type of Action Or. Add
		Lake vooren, I-C,S	
			
	nding or adding additional Articles, e additional sheets, if necessary). (Be s		
provis	mendment provides for an exchange tions for implementing the amendmenting the amendmenting the amendmenting the amendmenting the applicable, indicate N/A)		

The date of each amendment(s) adoption: 3/1/20/0.
(data of adoption is required)
Effective date if applicable: 3/1/20/0. (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 3/9/2010.
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)
Hongbo L'n (Typed or printed name of person signing)
(Typed or printed name of person signing)
(Title of person signing)
(Title of person signing)