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SECRETARY OF STATE ALLAHASSEE, FLORIN,

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COVER LETTER

TO: Amendment Section

Tallahassee, FL 32314

Division of Corporations NAME OF CORPORATION: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: For further information concerning this matter, please call: Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & ☐ \$43.75 Filing Fee & ■ \$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Mailing Address Street Address **Amendment Section** Amendment Section **Division of Corporations Division of Corporations** P.O. Box 6327 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

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Articles of Amendment	Å.
to to to	
Articles of Incorporation	8
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Dou Hon What Maragement Inc. San	1.
(Name of Corporation as currently filed with the Florida Dept. of State)	05
) mm 52960	è
(Document Number of Corporation (if known)	7
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation mame must contain the word "chartered," "professional association," or the abbreviation "P.A."	the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
······································	
C. Enter new mailing address, if applicable:	

D.	If amending the registered agent and/or registered office address in Florida, enter the name of the
	new registered agent and/or the new registered office address:

New Registered Office Address:	(Florida street d	address)
<u>-</u>		, Florida
·	(City)	(Zip Code)

Name of New Registered Agent:

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered 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)

Title Director Ml. Director ML.	CARY MASI Stefano Cevolo Lenzo Polisel	165 Mar Vin Dive	Type of Action Add Remove Add Remove
	ng or adding additional Articles, enter itional sheets, if necessary). (Be specif		
provision	ndment provides for an exchange, rec s for implementing the amendment if a applicable, indicate N/A)		

The date of each amendment(s) adoption:
The date of each amendment(s) adoption: (date of adoption is required)
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)
(Title of person signing)