P11000034236

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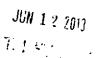
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: WANG WANG I	FARM, INC.			
DOCUMENT NUMBER: P11000034236				
The enclosed Articles of Amendment and fee are s	ubmitted for filing.			
Please return all correspondence concerning this ma	atter to the following:			
ANGELINA LI				
	Name of Contact Person			
JAL ACCOUNTING P.A.				
	Firm/ Company			
3363 SHERIDAN STREET	SUITE 214			
Address				
HOLLYWOOD, FL 33021				
	City/ State and Zip Code			
ANGEL@JALACCT.COM				
E-mail address: (to be u	sed for future annual report notification)			
For further information concerning this matter, plea	ise call:			
ANGELINA LI	at () 963-6606			
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 & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
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

WANG WANG FARM, INC.		
(Name of Corporation as currently	filed with the Florida Dept. of State)	
P11000034236		
(Document Number of C	Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>FI</i> its Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s) to	
A. If amending name, enter the new name of the corporation:		
NONE		
name must be distinguishable and contain the word "corporation." "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.	" "company," or "incorporated" or the abbreviation o". A professional corporation name must contain the	
B. Enter new principal office address, if applicable:	NonE	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NONE	
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	s in Florida, enter the name of the	
Name of New Registered Agent NONE		
(Florida street	address)	
New Registered Office Address:	, Florida	
10	ity) (Zip Code)	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with		
Congramme by them they	istered 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)

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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	<u>s</u>	GAO, QIU Y	21850 SW 314TH STREET
Add			HOMESTEAD, FL 33030
Remove			
2) X Change	D	GAO. QIU Y	21850 SW 314TH STREET
Add			HOMESTEAD, FL 33030
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	(Be specific)
NOME	
- -	
	
-	
If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amer	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
NOME	
	-

	JUNE 1ST, 2018	
The date of each amendment(s) date this document was signed.	adoption:	, if other than the
J	JNE 1ST, 2018	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements, this c Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment sufficient for approval.	.(s)
☐ The amendment(s) was/were a must be separately provided j	approved by the shareholders through voting groups. The following statem for each voting group entitled to vote separately on the amendment(s):	nent
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and sharehold	ler
The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
Dated	6/6/18	
Signature	Cappe de	
selec	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other coninted fiduciary by that fiduciary)	ı ırt
	GAO, QIU Y	
	(Typed or printed name of person signing)	
	DIRECTOR	
	(Title of person signing)	