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TO: Amendment Section

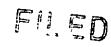
Division of Corporations

NAME OF CORPORATION: 4G NET INC DOCUMENT NUMBER: P11000045123 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: ANGELINA C. LI Name of Contact Person JAL ACCOUNTING, P.A. Firm/ Company 3363 SHERIDAN STREET STE 214 Address HOLLYWOOD, FL 33021 City/ State and Zip Code ANGEL@JALACCT.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (954) 963-6606

Area Code & Daytime Telephone Number XUEXIANG LIN 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 Filing 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) Street Address **Mailing Address** Amendment Section Amendment Section Division of Corporations **Division of Corporations** Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32314

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation



10:53

4G NET INC	0		2019 JUH 20 AM 10: 5
(<u>N</u> am	e of Corporation as current	tly filed with the Florida Dept. of St	
P11000045123			一 一
	(Document Number of	of Corporation (if known)	
Pursuant to the provisions of section 60 its Articles of Incorporation:	07.1006. Florida Statutes, this	Florida Profit Corporation adopts the	ne following amendment(s) to
A. If amending name, enter the new NONE	name of the corporation:		
name must be distinguishable and ca "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associ	ination Corp. "Inc." or '	"Co" A professional assessment	The new or the abbreviation the amust contain the
3. Enter new principal office address, if applicable:		NONE	
Principal office address MUST BE A	STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		NONE	
). If amending the registered agent a new registered agent and/or the ne	nd/or registered office addr w registered office address:	ess in Florida, enter the name of the	
Name of New Registered Agent	XUEXIANG LIN		
	3000 NW 72ND AVE		
	(Florida stre	et address)	 -
New Registered Office Address:	MIAMI	Florida	33122
	(Ciţy	(Zip Code)
icw Registered Agent's Signature, if c hereby accept the appointment as regist	ered agent. I am familiar wi		osition.
	Signature of Nation D.	gistered Agent, if changing	*
	agnature of New Reg	gistered 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.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	P	XUEXIANG LIN	3000 NW 72ND AVE
XAdd			MIAMI, FL 33122
Remove			
2) Change	P	LING CHEN	7218 NW 31 STREET
Add			MIAMI, FL 33178
X Remove			
3) Change	VD	HENGJIAN LIN	7218 NW 31 STREET
Add			MIAMI, FL 33178
X Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)			
NONE			
••			
			
F. If an amendment provides for an excha	ange, reclassification, or cancellation of issued shares,		
provisions for implementing the amen (if not applicable, indicate N/A)	dment if not contained in the amendment itself:		
NONE			

	06/01/2019	
	idoption:	, if other than the
date this document was signed.		
06. Effective date <u>if applicable</u> :	01/2019	
Effective date it applicable.	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this pepartment of State's records.	s date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were as by the shareholders was/were	lopted by the shareholders. The number of votes east for the amendment afficient for approval.	:nt(s)
	oproved by the shareholders through voting groups. The following state reach voting group entitled to vote separately on the amendment(s):	ement
"The number of votes can	t for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were acation was not required.	lopted by the board of directors without shareholder action and shareholder	older
☐ The amendment(s) was/were action was not required.	lopted by the incorporators without shareholder action and shareholder	
Dated 🕙	6/17/19	
Signature /	te dug us director, president or other officer - it directors or officers have not be	
select	director. president or other officer – if directors or officers have not be ed, by an incorporator – if in the hands of a receiver, trustee, or other onted fiduciary by that fiduciary)	en court
	XUEXIANG LIN	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	