## PB000029106

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ALLAHASSEL, FLORIDA



## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: MIFU INTERNATIONAL INC.

DOCUMENT NUMBER: P13000029106

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

HAO CHEN

Name of Contact Person

MIFU INTERNATIONAL INC.

Firm/ Company

165 S STATE RD. 7

Address

WELLINGTON, FL 33414

City/ State and Zip Code

LSCHANCPA & GMAILCOM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

HAO CHEN

Name of Contact Person

\_ at ( 561 ) 753-5566 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 & Certificate of Status

□S43.75 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 Tailahassee, FL 32314

Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

|  | Articles of Amendment  |  |
|--|--|--|
|  | to<br>Articles of Incorporation  | and the second   |
| MIFU INTERNATIONAL INC.  | of   |  |
| (Name of Corr  | poration as currently filed with the Fl  | orida Dept. of State)  |
| 213000029106   | .2019 NOV - 7 P 6:43   |  |
| ()<br>Pursuant to the provisions of section 607,1006, 1<br>as Articles of Incorporation:   | Document Number of Corporation (if kr<br>Florida Statutes, this <i>Florida Profit Cor</i>  | SECRE AND SECRE STUDENT OF STUDENT STUDEN |
| A. If amending name, enter the new name of   | the corporation:   |  |
| name must be distinguishable and contain th<br>"Corp.," "Inc.," or Co.," or the designation  |  |  |
| vord "chartered," "professional association,"<br>3. <u>Enter new principal office address, if app</u> l  | or the abbreviation "P.A."   | nal corporation name must contain the  |
| vord "chartered," "professional association,"  <br>3. <u>Enter new principal office address, if appl</u><br>Principal office address <u>MUST BE A STREE</u> "  | or the abbreviation "P.A."   | nal corporation name must contain the  |
| vord "chartered," "professional association," (<br>B. <u>Enter new principal office address, if appl</u><br>Principal office address <u>MUST BE A STREE</u><br>C. <u>Enter new mailing address, if applicable:</u>   | or the abbreviation "P.A."<br><u>licable:</u><br><u>T.ADDRESS</u> )<br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u> |  |
| <ul> <li>vord "chartered," "professional association," (</li> <li><u>Enter new principal office address, if appl</u></li> <li><u>Enter new mailing address, if applicable:</u> (Mailing address <u>MAY BE A POST OFFIC</u>)</li> <li><u>If amending the registered agent and/or registered agent agen</u></li></ul>      | or the abbreviation "P.A."<br><u>licable:</u><br><u>T.ADDRESS</u> )<br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u> |  |
| <ul> <li>vord "chartered," "professional association," (</li> <li><u>Enter new principal office address, if appl</u></li> <li>Principal office address <u>MUST BE A STREE</u></li> <li>(Mailing address <u>MAY BE A POST OFFIC</u></li> <li><u>If amending the registered agent and/or point and/or the new registered agent agen</u></li></ul>      | or the abbreviation "P.A."<br><u>licable:</u><br><u>T.ADDRESS</u> )<br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u><br><u></u> |  |
| <ul> <li>word "chartered," "professional association," (</li> <li><u>Enter new principal office address, if appl</u></li> <li><u>Enter new mailing address</u>, <u>if applicable:</u> (Mailing address <u>MAY BE A POST OFFIC</u>)</li> <li><u>If amending the registered agent and/or principal end of the new registered agent and/or the new registered agent a</u></li></ul> | or the abbreviation "P.A."<br><u>licable:</u><br><u>TADDRESS</u> )<br><u>(FBOX)</u><br><u>egistered office address in Florida, en</u><br><u>stered office address:</u>   |  |

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Thereby accept the appointment as registered agent. Tam 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)

Example:

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.

| <u>X</u> Change                      | <u>PT</u>       | John Doe    |                      |
|--------------------------------------|-----------------|-------------|----------------------|
| X Remove                             | $\underline{V}$ | Mike Jones  |                      |
| <u>X</u> Add                         | <u>SV</u>       | Sally Smith |                      |
| <u>Type of Action</u><br>(Check One) | Title           | Name        | Address              |
| 1) Change                            | VP              | CHEN, HAO   | 165 S STATE RD. 7    |
| Add                                  |                 |             | WELLINGTON, FL 33414 |
| XRemove                              |                 |             |                      |
| 2) Change                            |                 | <u> </u>    |                      |
| Add                                  |                 |             |                      |
| Remove                               |                 |             |                      |
| 3) Change                            |                 |             |                      |
| Add                                  |                 |             | 187-20-07            |
| Remove                               |                 |             |                      |
| 4) Change                            |                 |             |                      |
| Add                                  |                 |             |                      |
| Remove                               |                 |             |                      |
| 57 Change                            |                 |             |                      |
| Add                                  |                 |             |                      |
| Remove                               |                 |             | <u> </u>             |
| 6) Change                            |                 |             |                      |
| Add                                  |                 |             |                      |
| Remove                               |                 |             |                      |

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/4)

\_\_\_\_

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| 10/25/20   |  |
|--|--|
| The date of each amendment(s) adoption:  | , if other than the  |
| date this document was signed.   |  |
| 10/25/2019   |  |
| Effective date <u>if applicable</u> :  |  |
| (10)   | nore than 90 days after amendment file date)   |
| Note: If the date inserted in this block does not mee<br>document's effective date on the Department of State' | t the applicable statutory filing requirements, this date will not be listed as the records.               |
| Adoption of Amendment(s) ( <u>CHECK</u>  | <u>ONE</u> )   |
| The amendment(s) was/were adopted by the shareh<br>by the shareholders was/were sufficient for approv          | olders. The number of votes cast for the amendment(s)<br>d.  |
| The amendment(s) was/were approved by the share<br>must be separately provided for each voting group           | holders through voting groups. The following statement<br>entitled to vote separately on the amendment(s): |
| "The number of votes cast for the amendmen   | (s) was/were sufficient for approval   |
| by   |  |
| by (voting gr  | nip)   |
| The amendment(s) was/were adopted by the board action was not required.  | of directors without shareholder action and shareholder  |
| The amendment(s) was/were adopted by the incorp<br>action was not required.                                    | orators without shareholder action and shareholder   |
| 10/25/2019   |  |
| Dated  |  |
| $\sqrt{2}$   | $1 \land \neg$   |
| Signature X  |  |
|  | r other officer – if directors or officers have not been   |
|  | or – if in the hands of a receiver, trustee, or other court  |
| appointed fiduciary by th  |  |
| 41   |  |
| JIAN QIU LI  |  |
| (Турес   | or printed name of person signing)   |
| PRESIDENT  | Precident  |
|  |  |

(Title of person signing)