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EGNE FACE OF STATE LLAHASSEE, FLORIDA

JUL 28 2015

R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	YI MIN HAI DA INC.	
DOCUMENT NUMBER:	P13000062270	
The enclosed Articles of Amendmen	nt and fee are submitted for filing.	
Please return all correspondence con	ncerning this matter to the following:	
	JACK KWON	
	Name of Contact Person	PLEASE SEND ARTICLES
		OF AMENDMENT TO:
, 	Firm/ Company	_ · ·
	469 LAKE ROAD	JACK K. KWON
	Address	469 LAKE ROAD,
	LAKE MARY, FL 32746	LAKE MARY, FL 32746
	City/ State and Zip Code	•
E-mail s	JKKWON0726@GMAIL.COM address: (to be used for future annual report notification)	
For further information concerning	this matter, please call:	
JACK K. KW	NON at (407) 474-2454	
Name of Contact Pe		er ·
Enclosed is a check for the following	ng amount made payable to the Florida Department of State:	
	75 Filing Fee &	
Mailing Addres Amendment Sect		

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

Articles of Amendment to Articles of Incorporation

LLED

	YI MIN HAI DA	INC.	10 30L 27	4H 6: 60	
(Name of Corporation as currently	filed with the Flori	da Dept. of Sta	te)		
Р	13000062270		ALI.AHASSE	y Sida. E El Obna	
(Document Number	of Corporation (if kno	own)			
Pursuant to the provisions of section 607.1006, Flor its Articles of Incorporation:	ida Statutes, this Flor	ida Profit Corp	poration adopts	the following	amendment(s) to
A. If amending name, enter the new name of the	corporation:				
					The new
name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Co. word "chartered," "professional association," or the	rp," "Inc," or "Co"	. A profession	"incorporate al corporation	d" or the ab name must c	breviation
B. Enter new principal office address, if applical (Principal office address MUST BE A STREET A)					
C. Enter new mailing address, if applicable:	-				
(Mailing address MAY BE A POST OFFICE I	<u>B<i>OX</i></u>)				
	-				
D. If amending the registered agent and/or registered agent and/or the new registered		in Florida, ent	er the name o	<u>f the</u>	
Name of New Registered Agent					
	(Florida street c	ıddress)			
New Registered Office Address:			, Florida		
	(City)			(Zip Code)	
			ı		
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen	Registered Agent: ut. I am familiar with	and accept the	obligations of	the position.	
Signature o	New Registered Age	nt, 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	PT	John Doe	
X Remove	<u>y</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	<u>s</u>	ZENG HUA LU (5%)	8860 HAMPTON LANDING DR E
X Add			JACKSONVILLE, FL 32256
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

2. If amending or adding additional Arti	icles, enter change(s) here:
(Attach additional sheets, if necessary).	(Be specific)
	N/A
	
	
•	
	
	
F. If an amendment provides for an exclusions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	N/A
<u></u>	

the date of each amendment(s) adoption: JULY 24, 2015
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)
☐ 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.
DatedJULY 24, 2015
Signature
Aby 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)
YI LI
(Typed or printed name of person signing)
VP
(Title of person signing)