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SECRETARY OF STATE
TALLATIASSEE TLORID.

Amend

UUN 13 2014 T. CARTER

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO		ERICA HOME SUPF	PLIES INC
DOCUMENT NUM	P13000094720 BER:		,
The enclosed Articles	of Amendment and fee are su	abmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	SHI,TIANGUO		•
	GENESIS AMERICA	Name of Contact Person HOME SUPPLIES IN	
	104 JAMIE CT APT B	Firm/ Company	
	CARY, NC 27511	Address	
		City/ State and Zip Code	0
· 	E-mail address: (to be us	sed for future annual report	notification)
For further informatio	n concerning this matter, pleas	se call:	
SHI,TIANGUO		626	626-3088
Name	of Contact Person		de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amo Divi P.O.	ling Address endment Section sion of Corporations Box 6327 phassee, FL 32314	Amend Divisio Cliston	Address ment Section n of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

FILED SECRETARY OF STATE TALLACASSES FLORIDA

GENESIS AMERICA HOME S (Name of Corporation as		Florida Dent of State)	14 JUN - 3 PM 3: 46
213000094720	currency med with the	Florida Dept. of State)	
(Docume	nt Number of Corporation	(if known)	
ursuant to the provisions of section 607 s Articles of Incorporation:	1006, Florida Statutes, th	is Florida Profit Corporation a	dopts the following amendment(
If amending name, enter the new n	ame of the corporation:		
			The new
ame must be distinguishable and con Corp.," "Inc.," or Co.," or the design ord "chartered," "professional associa	ation "Corp," "Inc," or	"Co". A professional corpor "P.A."	
. Enter new principal office address,	if applicable:	320 SW 30TH AVE	
Principal office address <u>MUST BE A STREET ADDRESS</u>)		APT1	· · · · · · · · · · · · · · · · · · ·
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		MIAMI, FL 33135	
		320 SW 30TH AVE	
		APT1	
		MIAMI, FL 33135	
. If amending the registered agent ar			me of the
new registered agent and/or the ne	w registered office addre TIANGUO SHI	SS:	
Name of New Registered Agent			-
	320 SW 30TH AVE	EAPI1	
	•	street address)	-
New Registered Office Address:	MIAMI	, Florida	33135
	(Ci	y)	(Zip Code)

It 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>	Name	Address
1) Change	VST	LONGONI,CRISTINA	990 BISCAYNE BLVD
Add			SUITE 503
Remove			MIAMI FL 33132
2) Change	D	LONGONI,CRISTINA	990 BISCAYNE BLVD
Add			SUITE 503
Remove			MIAMI FL 33132
3) Change	VST	SHI,TIANGUO	320 SW 30TH AVE
Add			Apt 1
Remove			MIAMI, FL 33135
4) Change	D	SHI,TIANGUO	320 SW 30TH AVE
Add			Apt 1
Remove			MIAMI, FL 33135
5) Change			
Add	<u> </u>		
Remove			
6) Change		· .	
Add			
Remove			

tach additional sheets, if necessar	ry), (Be specific)		
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an amendment provides for an provisions for implementing the	exchange, reclassifica	tion, or cancellation	of issued shares,
rovisions for implementing the	amendment if not cor	<u>itained in the amendi</u>	nent itsen:
Lifuat applicable indicate Mi	а)		
(if not applicable, indicate N/A			
(if not applicable, indicate N/i			
(if not applicable, indicate N/			
(if not applicable, indicate N/			
(if not applicable, indicate Ni			
(if not applicable, indicate N/			
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(if not applicable, indicate N/			
(if not applicable, indicate N/			
(if not applicable, indicate N/			
(if not applicable, indicate N/			
(if not applicable, indicate N/			·

The date of each amendment	(c) adaption:	, if other than the
date this document was signed.		, if other than the
Effective date if applicable:	06/01/2014	
Effective date i <u>r applicable</u> .	(no more than 90 days after amendment file date)	_
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/wer by the shareholders was/we	ce adopted by the shareholders. The number of votes cast for the amendment(s) are sufficient for approval.	
	e approved by the shareholders through voting groups. The following statement d 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/wer action was not required.	e adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/wer action was not required.	e adopted by the incorporators without shareholder action and shareholder	
05/2 Dated	7/2014	
Signature	Shi Tiangu	_ _
se	y a director, president or other officer. If directors or officers have not been lected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)	
	SHI,TIANGUO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	