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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ation: Asia	n Health Inc			
DOCUMENT NUME		3000101462			
The enclosed Articles	of Amendment and fee are su	ibmitted for filing.			
Please return all corres	pondence concerning this ma	itter to the following:			
		Yong mei Cai			
	Naine of Contact Person				
	Young mei Corp P. D.				
	60/ N Congress Ave ste 412				
	bol N Congress Ave ste 412 Address Delray Beach, FL, 33445 City/State and Zip Code				
		City/State and Zip Cod	e		
		young meicha@gm	iail.com		
	E-mail address: (to be u	sel for future annual report	notification)		
For further information	n concerning this matter, plea	se call:			
	Yongmei Cai	at (561	6997886 ode & Daytime Telephone Number		
Name o	of Contact Person	Агеа Со	de & Daytime Telephone Number		
Enclosed is a check fo	r the following amount made	payable to the Florida Dep	ariment 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)		
	ling Address		Address		
Amendment Section Division of Corporations		Amendment Section Division of Corporations			
P.O. Box 6327		Cliftor	n Building		
Tallahassee, FL 32314		2661 I	Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

Asian Health Inc
(Name of Corporation as currently filed with the Florida Dept. of State)
P 13000101462
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
The new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co" A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)
18 16 and the state of the same of the
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:
Name of New Registered Agent
<u></u>
(Florida street address)
Many Provision of AMG at Addition
New Registered Office Address: , Florida , Florida , (Zip Gode)
New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.
New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position T
Signature of New Registered Agent, it 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:	,, e, uma .mm	Somm, co us un rua.	
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)	Title	<u>Name</u>	Address
1) Change	<u>vp</u>	Xue Mei Wu	1750 East Commercial Blue
Add	•		1750 East Commercial Blue suite 1 , Fort Lauderdale F
Remove			
2) Change			
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The date of each amendment(s) adoption:date this document was signed.	, if other than the
_	
Effective date <u>if applicable</u> : (no more than 90 days after a	mendment file date)
Note: If the date inserted in this block does not meet the applicable statutory document's effective date on the Department of State's records.	filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of verby the shareholders was/were sufficient for approval.	otes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting grounst be separately provided for each voting group entitled to vote separately	
"The number of votes east for the amendment(s) was/were sufficient for	r approval
by	·"
☐ The amendment(s) was/were adopted by the board of directors without share action was not required.	holder action and shareholder
☐ The amendment(s) was/were adopted by the incorporators without sharehold action was not required.	er action and shareholder
Dated8/22/2018	
Sign(turx) Chen Juo 9ing	
By a director, president or other officer – if directorselected, by an incorporator – if in the hands of a reappointed fiduciary by that fiduciary)	
(Typed or printed name of person	on signing)
DNE Scient (Title of person sign	t
(Title of person sign	ing)