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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	TION: O.P. WOK	N ROLL INC.		
DOCUMENT NUMBER	R:P14000004	627		
The enclosed Articles of	Amendment and fee are su	bmitted for filing.		
Please return all correspo	ondence concerning this ma	tter to the following:		
		7.1.022		
		JACK KWON Name of Contact Person		-
				PLEASE MAIL ARTICLES
		Firm/ Company		- OF AMENDMENT TO:
		469 LAKE ROAD		JACK KWON
_		Address		469 LAKE ROAD
	L	AKE MARY, FL 327	46	LAKE MARY, FL 3274
	_ 	City/ State and Zip Cod		.
		IVVUONO 70 C DOMATI	. dov	
	E-mail address: (to be us	JKKWON0726@GMAI) sed for future annual report	notification)	
For further information c	oncerning this matter, pleas	se call:		
	JACK KWON	at (407) 474-2454	
	Contact Person	 ~~ ~~ ~~ ~~~	ode & Daytime Telephone Numb	c r
Enclosed is a check for the	he following amount made	payable to the Florida Dep	artment of State:	
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status		□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
	ng Address Iment Section		Address dment Section	

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 of

FILL

15 JULY - 5 PH 12: 14

	.P. WOK N ROLL INC.		
(Name of Corporation as currently	filed with the Florida Dept. of State)	TALLAHASSA TANA	
	P14000004627	Wester Court	JĄ
(Document Number	of Corporation (if known)	Α(
suant to the provisions of section 607.1006, Flor Articles of Incorporation:	ida Statutes, this Florida Profit Corporati	on adopts the following amendm	nent(
<u>If amending name, enter the new name of the</u>	corporation:		
		The ne	w
ne must be distinguishable and contain the worp.," "Inc.," or Co.," or the designation "Cod" chartered," "professional association," or the designation of the contact of t	rp," "Inc," or "Co". A professional co he abbreviation "P.A."		
Enter new principal office address, if applical incipal office address <u>MUST BE A STREET A</u>	ble; DDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX)		
THE POST OF TAXABLE		······································	
	·····		
If amending the registered agent and/or regis	stered office address in Florida, enter the	e name of the	
new registered agent and/or the new register			
new registered agent and/or the new register			
new registered agent and/or the new register Name of New Registered Agent			
new registered agent and/or the new register			
new registered agent and/or the new register	(Florida street address)		
new registered agent and/or the new register	(Florida street address)	orida(Zip Code)	

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)

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>y</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	<u>v</u>	RI GUAN ZHENG	1670 WELLS ROAD, #108
X Add			ORANGE PARK, FL 32073
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	.,		
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
	N/A
	N/A
· 	
	
f an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	N/A
(if not applicable, indicate N/A)	N/A
(if not applicable, indicate N/A)	N/A
(if not applicable, indicate N/A)	N/A
(if not applicable, indicate N/A)	N/A

The date of each amendmen	nt(s) adoption:
Effective date <u>if applicable</u>	•
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
	were adopted by the shareholders. The number of votes cast for the amendment(s) were sufficient for approval.
	were approved by the shareholders through voting groups. The following statement ded for each voting group entitled to vote separately on the amendment(s):
"The number of vot	es cast for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
The amendment(s) was/w action was not required.	vere adopted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/w action was not required.	vere adopted by the incorporators without shareholder action and shareholder
Dated	JUNE 3, 2015
Signature	Jan Jan
	(By 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)
	YAN YANG
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)