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ALLAHASSEE, FLORID

MAY 1 7 2017 S. PRATHER

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	SAKURA 6868, I	NC		
DOCUMENT NUMB				
The enclosed Articles	of Amendment and fee are so	abmitted for filing.		
Please return all corres	pondence concerning this ma	atter to the following:		
	NING DING			
•		Name of Contact Perso	n	
-		Firm/ Company		
	9120 GRIFFIN ROAD			
-	Address COOPER CITY, FL 33328			
-		City/ State and Zip Cod	e	
dingni	ng7058@gmail.com			
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	concerning this matter, please	se call:		
NING DING		at (³⁴⁷	843-1192 de & Daytime Telephone Number	
Name o	f Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Depa	rtment 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)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Sakura 6868, Inc	
(Name of Corporation	on as currently filed with the Florida Dept. of State)
P14000061036	
(Docum	ent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the con	rporation:
	The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp, word "chartered," "professional association." or the d	l "corporation," "company," or "incorporated" or the abbreviation ""Inc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADD</u>	RESS)
	DA F T
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	
muning unitess MAT BE A FOST OFFICE BOX	
	<u> </u>
D. If amending the registered agent and/or registere	ed office address in Florida, enter the name of the
new registered agent and/or the new registered o	
Name of New Registered Agent	
 	(Florida street address)
New Registered Office Address:	, Florida
Ton August a Office Lauren.	(City) (Zip Code)
N Desigters of A courts Classestone 16 shows in Design	A
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. I	am familiar with and accept the obligations of the position.
<u> </u>	two of New Periodonal Agent if changing
Signal	ture 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.

Example: 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	Name	Address		
1) Change	<u>v</u>	YING LIU	3627 CITRUS TRACE		
X Add			DAVIE, FL 33328		
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).	ticles, enter change(s) here: (Be specific)	
		•
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rovisions for implementing the amen	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:	
an amendment provides for an excharovisions for implementing the amen (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:	
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rovisions for implementing the amen	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:	

	MAY 13, 2017	
The date of each amendment(s) adate this document was signed.	adoption:	, if other than the
•	XY 13, 2017	
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date vepartment of State's records.	vill not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ac by the shareholders was/were s	lopted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.	
☐ The amendment(s) was/were ap must be separately provided for	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):	
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
action was not required. The amendment(s) was/were ad action was not required. May 13, 2 Dated Signature (By a consequence)	ligators president or other officer. If directors or officers have not have	FILED 17 MAY 17 PM 1:41 SECRELARY OF STAIL
	NING DING	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	