P14000091910

| (Requestor's Name) | | | | | | |
|---|--|--|--|--|--|--|
| (Address) | | | | | | |
| (Address) | | | | | | |
| (City/State/Zip/Phone #) | | | | | | |
| PICK-UP WAIT MAIL | | | | | | |
| (Business Entity Name) | | | | | | |
| (Document Number) | | | | | | |
| Certified Copies Certificates of Status | | | | | | |
| Special Instructions to Filing Officer: | | | | | | |
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Office Use Only



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04/29/19--01027--027 **3S.00

MAY 1 0 2019 S. YOUNG

19 #R 29 N 6:12

COVER LETTER.

TO: Amendment Section Division of Corporations

| NAME OF CORPOR | ATION: FLYING USA AU | JTO PARTS II | ۷C | |
|--------------------------|---|---|-------------------------------|---|
| DOCUMENT NUMB | | | | |
| | of Amendment and fee are su | abmitted for fil | ing. | |
| Please return all corres | pondence concerning this ma | tter to the follo | owing: | |
| | XIAOTONG CHEN | | | |
| - | | Name of C | ontact Perso | n |
| | DEMING & ASSOCIATES | СРА | | |
| - | | Firm/ (| Company | ··· |
| | 15970 W STATE ROAD 84 | | | |
| - | | Ad | dress | · · · · · · · · · · · · · · · · · · · |
| | SUNRISE, FLORIDA 33326 | | | |
| | | City/ State | and Zip Cod | e |
| sharon | ı@fldacpa.com | | | |
| | E-mail address: (to be us | sed for future a | nnual report | notification) |
| | E man address. (to be a | sea for fature a | intaar report | notificationy |
| For further information | concerning this matter, pleas | se call: | | |
| XIAOTONG CHEN | | | 954 | 289-7922 |
| Name o | at (| 954 ———————————————————————————————————— | de & Daytime Telephone Number | |
| | | | | |
| Enclosed is a check for | the following amount made | payable to the | Florida Depa | artment of State; |
| ■ \$35 Filing Fee | □\$43.75 Filing Fee & Certificate of Status | S43.75 Fi Certified (Additional enclosed) | Copy I copy is | ☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
| <u>Mail</u> | ing Address | | Street | Address |
| | ndment Section ion of Corporations | | | lment Section |
| | on of Corporations | | | |
| | Box 6327 hassee, FL 32314 | | | Building Executive Center Circle |
| 1 4114 | 114330C, 1 L JZJ 14 | | ∠001 B | ACCULIVE CENTEL CIFCLE |

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FLYING USA AUTO PARTS INC

| (Name of Corporation | as currently filed with the Florida | Dept. of State |) | | |
|---|---|---|--|---------------|--------------|
| P14000091910 | | | | | |
| (Docume | nt Number of Corporation (if known) | <u> </u> | | | . |
| Pursuant to the provisions of section 607,1006, Florida Sits Articles of Incorporation: | Statutes, this Florida Profit Corporati | ion adopts the f | ollowin | g amenc | lment(s) (|
| A. If amending name, enter the new name of the corp | poration: | | | | |
| | | | | The r | 171C |
| name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp.," word "chartered," "professional association," or the al | "Inc," or "Co". A professional co | corporated" or prporation name | the a e must | – bbreviat | ion |
| B. Enter new principal office address, if applicable: | | | | | _ |
| (Principal office address <u>MUST BE A STREET ADDR</u> | <u>(ESS</u>) | <u> </u> | | | _ |
| | | | , <u>, </u> | 19 | |
| | | | <u> </u> | | _ |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | · · | | | ्राप्त | · - |
| | | | | CO | |
| | | , , , , , , , , , , , , , , , , , , , | : | ; =: ; =: | - <u>-</u> ' |
| | | | ', <u>:</u> :::: | <u> </u> | |
| D. If amending the registered agent and/or registered | | e name of the | ر پر | . 2 | |
| new registered agent and/or the new registered of | ffice address: | | | | |
| Name of New Registered Agent | | | | - | |
| | | | | _ | |
| | (Florida street address) | | | | |
| New Registered Office Address: | | , Florida_ | | | _ |
| | (City) | | (Zip | Code) | |
| | | | | | |
| New Registered Agent's Signature, if changing Regis | tered Agent: | | | | |
| I hereby accept the appointment as registered agent. I | | ations of the po | sition. | | |
| | | | | | |
| | | | | | |
| Signat | ture of New Registered Agent, if chang | ging | | _ | |

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 Do | <u>e</u> | |
|-------------------------------|--------------|------------------|----------------|---------------------|
| X Remove | <u>v</u> | Mike Jo | <u>nes</u> | |
| X Add | <u>sv</u> | Sally Sn | <u>nith</u> | |
| Type of Action (Check One) | <u>Title</u> | | Name | <u>Addres</u> s |
| 1) Change | S | | ANYELY ANDUJAR | 8248 NW 199 TERRACE |
| Add | | | | Miami, FL 33015 |
| 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). | (Be specific) | |
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| If an amendment provides for an excl | ange, reclassification, or cancellationdment if not contained in the amen | n of issued shares, dment itself: |
| provisions for implementing the ame | | |
| (if not applicable, indicate N/A) | | |
| | | |
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| The date of each amendment(s) ad | option: | , if other than th |
|---|---|--------------------------|
| date this document was signed. | | |
| Effective date if applicable: | (no more than 90 days after amendment file date) | |
| | (no more than 90 days after amendment file date) | |
| Note: If the date inserted in this bl document's effective date on the Dep | ock does not meet the applicable statutory filing requirements, this date partment of State's records. | will not be listed as th |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) | |
| The amendment(s) was/were ado by the shareholders was/were suf | oted by the shareholders. The number of votes cast for the amendment(s) ficient for approval. | |
| | roved by the shareholders through voting groups. The following statement 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/were ado action was not required. | pted by the board of directors without shareholder action and shareholder | |
| ☐ The amendment(s) was/were ado action was not required. | pted by the incorporators without shareholder action and shareholder | |
| 04/24/2 | | |
| Dated | | |
| Signature 🙏 | 116 ml | |
| (By a di | rector, president or other officer - if directors or officers have not been | |
| | by an incorporator – if in the hands of a receiver, trustee, or other court | |
| appoint | ed fiduciary by that fiduciary) | |
| | HONGGANG YAO | |
| | (Typed or printed name of person signing) | |
| | PRESIDENT | |
| | (Title of person signing) | |