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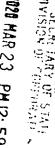
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PICK-UP	☐ WAIT	MAIL
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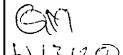
Office Use Only



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COVER LETTER

TO: Amendment Section

Division of Corporations JXB NORTH AMERICA INC. NAME OF CORPORATION: DOCUMENT NUMBER: P15000002612 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: JXB NORTH AMERICA, INC. L STREET Address LAKE WERTH FL 33460 - 5618
City/ State and Zip Code EVANE STOCKCHINA · Com

E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (561) 99c - 9299

Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$52.50 Filing Fee \$35 Filing Fee □\$43.75 Filing Fee & ☐S43.75 Filing Fee & Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) Street Address Mailing Address Amendment Section Amendment Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation

OI	
JXB NORTH AMERICA IN	16.
(Name of Corporation as current	ly filed with the Florida Dept. of State)
P15000002629	
(Document Number of	of Corporation (if known)
arsuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
If amending name, enter the new name of the corporation:	
	The new
ome must be distinguishable and contain the word "corporation," " Inc.," or Co.," or the designation "Corp," "Inc," or "Co". Advantered, ""professional association." or the abbreviation "P.A. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS)	A professional corporation name must contain the word
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1319 S L STREET LAKE WORTH, FL 33460-5618
If amending the registered agent and/or registered office add new registered agent and/or the new registered office address. Name of New Registered Agent NIA	
Name of New Registered Agent NIA	
(Florida st	treet address)
New Registered Office Address: NJA	Florida
	(City) (Zip Code) AR 2 3 5 5 5 5 5 5 5 5 5 5 6 6 6 6 6 6 6 6 6
w Registered Agent's Signature, if changing Registered Agent	e PA

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

NIA Signature of New Registered Agent, if changing

Check if applicable \Box The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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	PT	<u>John Doe</u>	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
I) Change			
Add			
Remove			
2) Change	·		<u> </u>
Add			***
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			
NUMBER			

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(if not	applicable, inc	licate N/A)					
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The date of each amendment(s) adoption: 3/10/2020	, if other than the
date this document was signed.	nomer than the
Effective date if applicable: 3/10/2020 (no more than 90 days after amendment)	
(no more than 90 days after amendment	file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requoument's effective date on the Department of State's records.	nirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
X: The amendment(s) was/were adopted by the incorporators, or board of directors withou action was not required.	at shareholder action and shareholder
The amendment(s) was/were adopted by the shareholders. The number of votes east for by the shareholders was/were sufficient for approval.	or the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The must be separately provided for each voting group entitled to vote separately on the a	e following statement mendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approva	1
by	
(voting group)	
David 3/17/2020	
Dated	
(By a director, president or other officer – if directors or offic selected, by an incorporator – if in the hands of a receiver, to appointed fiduciary by that fiduciary)	
Liu Bin	
(Typed or printed name of person signing)	
PRESIDENT_	
(Title of person signing)	_

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