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A. Butler 9/3/21

## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: GRAND LAKE DI	M SUM, INC	
DOCUMENT NUMF			
The enclosed Articles	of Amendment and fee are sul	bmitted for filing.	
Please return all corres	pondence concerning this mat	tter to the following:	
	SHARON CHEN		
		Name of Contact Person	l .
	DEMING & ASSOCIATES O	CPA	
		Firm/ Company	
	2900 GLADES CIRCLE	, ,	
		Address	
	WESTON, FL 33327		
		City/ State and Zip Code	
	SHARON@FLDACPA.CON	1	
	E-mail address: (to be us	sed for future annual report	notification)
For further informatio	n concerning this matter, pleas	se call:	
			289-7022
SHARON CHEN	<del></del>	at (	1 S. Davidia, T. Lahana Nambar
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment 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		Amenc Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

GRAND LAKE DIM SUM, INC

FILED

(Name of Corporation as currently filed with the Florida Di	eptent State)	04.5
P15000084324		PH 12: 50
(Document Number of Corporation (if known)	MILLAFILE	OF STATE
Pursuant to the provisions of section 607,1006, Florida Statutes, this Florida Profit Corporation	adons the following	JFF Fi
its Articles of Incorporation:	adopts the torrow	mg amenamem
no rudelle di liverpotinia.		
A. If amending name, enter the new name of the corporation:		
		The new
name must be distinguishable and contain the word "corporation," "company," or "incorporate "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation "chartered," "professional association," or the abbreviation "P.A."	d" or the abbrevia name must conta	tion "Corp.," ain the word
B. Enter new principal office address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
	<u> </u>	
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	<del> </del>	
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		
Name of New Registered Agent		·
(Florida street address)		
New Registered Office Address:	, Florida	
1City)	(Zi <sub>i</sub>	p Code)
New Registered Agent's Signature, if changing Registered Agent:		
Thereby accept the appointment as registered agent. I am familiar with and accept the obligat	ions of the position	1.
Signature of New Registered Agent, if changi	g	
Check if applicable		
Спеск и аррисание		

☐ 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: XChange	PT	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>	<u>Addres</u> s	
1) Change	VP	GUO, LINBIN	7750 OKEECHOBEE BLVD	
Add	<del>-</del>		STE 6	
X Remove			West Palm Beach, FL 33411	
2) Change				
Add				
Remove 3 ) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

amending or adding additional Arti ttach additional sheets, if necessary).	(Be specific)	
		····
		<u></u>
		<u>.</u>
		·
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)		
		· ·

.

The date of each amendment(s) a late this document was signed.	adoption: if other than
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
<b>Note:</b> If the date inserted in this document's effective date on the E	block does not meet the applicable statutory filing requirements, this date will not be listed as department of State's records.
Adoption of Amendment(s)	( <u>CHECK ONE</u> )
The amendment(s) was/were ac action was not required.	dopted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were ac by the shareholders was/were :	lopted by the shareholders. The number of votes east for the amendment(s) sufficient for approval.
☐ The amendment(s) was/were ap must be separately provided jo	oproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):
"The number of votes cas	st for the amendment(s) was/were sufficient for approval
bv	···
-	tvoting group)
08-15-202 Dated	!I
Signature	ucto.
select	director, president or other officer - if directors or officers have not been ed, by an incorporator - if in the hands of a receiver, trustee, or other court nted fiduciary by that fiduciary)
	RU CHEN
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)

the

the