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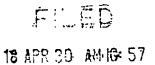
TO: Amendment Section Division of Corporations

*

NAME OF CORPOR	ATION: ORYZA PHARMA	ACEUTICAL IN	C.		
DOCUMENT NUMB	D16000024507				
The enclosed Articles of	of Amendment and fee are su	bmitted for filing	3 .		
Please return all corres	pondence concerning this ma	tter to the follow	ing:		
i	Kelvin Cui				
-		Name of Con	tact Person	1	
•	ORYZA PHARMACEUTIC	AL INC.			
•		Firm/ Co	mnany		
	4117 NW 124 AVE	1 11111 00	ii pui y		
-	•	Addr	ess		
•	Coral Springs, FL 33065				
-		City/ State an	d Zip Cod	e	
Kelvin	@oryzapharma.com				
	E-mail address: (to be us	sed for future anr	ual report	notification)	
For further information	concerning this matter, pleas	se call:			
Kelvin Cui		9 at (54	8815481	
Name o	f Contact Person	\ <u></u>	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Fl	orida Depa	artment of State:	
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filin Certified Co (Additional of enclosed)	ру	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address				Address	
Amendment Section Division of Corporations			Amendment Section Division of Corporations		
P.O.	Clifton Building				
Tallahassee, FL 32314		2661 Executive Center Circle			

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



ORYZA PHARMACEUTICAL INC.	
(Name of Corporation	as currently filed with the Florium Dept. of State)
P16000024597	
(Documer	nt Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida S 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 corp	oration:
	The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the ab	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the obreviation "P.A."
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDR</u>	<u>ESS</u>)
C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
	<u> </u>
5.16	
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	
Name of New Registered Agent	
**************************************	(Florida street address)
	(1 to the Street address)
New Registered Office Address:	, Florida (City) (Zip Code)
	(Chy)
New Registered Agent's Signature, if changing Regist	
I hereby accept the appointment as registered agent. I a	am familiar with and accept the obligations of the position.
Signati	ure 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)

Example:

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>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	Р	Dacheng Tian	16238 SW 20 ST MIRAMAR
X Add			FL 33027
Remove			
2) Change	CFO	Kelvin Cui	3819 Falcon Ridge Cir.
x Add			Weston, FL 33331
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)
W-14	
*	
-,	
f an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
nravisions for implementing the ame-	ndment 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)	

The date of each amendment(s date this document was signed.	s) adoption:	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
	his block does not meet the applicable statutory filing requirements, this e Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes east for the amendmer sufficient for approval.	nt(s)
	approved by the shareholders through voting groups. The following state for each voting group entitled to vote separately on the amendment(s):	ement
"The number of votes	cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder	older
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
4/26/20 Dated	018	
Signature	A	
(By	a director, president or other officer – if directors or officers have not be ected, by an incorporator – if in the hands of a receiver, trustee, or other opinted fiduciary by that fiduciary)	en ourt
	Kelvin Cui	
	(Typed or printed name of person signing)	
	CFO	
	(Title of person signing)	