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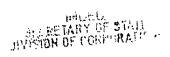
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TO: Amendment Section
Division of Corporations

NAME OF CORPO	RATION: DR. RAINER PET	NUTRITION INC.	
DOCUMENT NUM	BER: P16000073339		
	s of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	JIAN LIU		
		Name of Contact Persor	1
		Firm/ Company	1801. <u></u> 578.
	245 E Main Street #115		
		Address	
	ALHAMBRA, CA, 91801		
		City/ State and Zip Code	2
1339	9529848@qq.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, pleas		
Name	of Contact Person	at (at Co	de & Daytime Telephone Number
	or the following amount made		
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fec & 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		Amend Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



DR. RAINER PET NUTRITION INC.

2016 SEP 27 AH 8: 57

DR. KARNER FET NOTRITION INC.	Edit or -
(Name of Corpora	tion as currently filed with the Florida Dept. of State)
P16000073339	
(Doct	ument Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Flori its Articles of Incorporation:	da Statutes, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the	corporation:
·	
	The new ord "corporation," "company," or "incorporated" or the abbreviation rp," "Inc," or "Co". A professional corporation name must contain the new abbreviation "P.A."
B. Enter new principal office address, if applicab (Principal office address <u>MUST BE A STREET AL</u>	
	· · · · · · · · · · · · · · · · · · ·
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u></u>
D. If amending the registered agent and/or regist new registered agent and/or the new registere	tered office address in Florida, enter the name of the d office address:
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
now negatived office mainess.	(City) (Zip Code)
New Registered Agent's Signature, if changing Re	
I hereby accept the appointment as registered agent.	. I am familiar with and accept the obligations of the position.
C:	gnature of New Registered Agent, if changing
36	унить од нем першегси прет, и спинрир

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.

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>	<u>Name</u>	<u>Addres</u> s
1) X Change	CFO	JUNPING WANG	13155 SW 134TH ST.
Add			MIAMI, FL 33186
Remove			
2) X Change	SEC	JUNPING WANG	13155 SW 134TH ST.
Add			MIAMI, FL 33186
Remove			
3) Change			
Add			
Remove		•	
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		<u> </u>	
Add			
Remove			

n (La	anding or adding additional Articles, enter change(s) here: additional sheets, if necessary). (Be specific)	
		<u>-</u> .
		•
	<u> </u>	
f a	amendment provides for an exchange, reclassification, or cancellation of issued shares, isions for implementing the amendment if not contained in the amendment itself:	
<u>pr</u>	if not applicable, indicate N/A)	
•		

The date of each amendment(s) ado	ption:		771 b	j if other than the
date this document was signed.			HALLOW OF CO	でいるMi 説の代AUT マ
Effective date if applicable:				
	(no more than 90	days after amendment file date	e) 2016 SEP 27	AM 8:5/
Note: If the date inserted in this blo document's effective date on the Depa		able statutory filing requiremen	nts, this date will n	ot be listed as the
Adoption of Amendment(s)	(CHECK ONE)			
☐ The amendment(s) was/were adopt by the shareholders was/were suffi		number of votes cast for the arr	nendment(s)	
☐ The amendment(s) was/were appro- must be separately provided for ea	eved by the shareholders through voting group entitled to v	ugh voting groups. The followi ote separately on the amendme	ng statement ent(s):	
"The number of votes cast fo	* *	• •		
by		,,,		
	(voting group)			
The amendment(s) was/were adopt action was not required.			shareholder	
The amendment(s) was/were adopt action was not required.	ed by the incorporators with	out shareholder action and share	eholder	
9/13/2016	4			
DatedSignature	!an Jun			_
selected,		er – if directors or officers have hands of a receiver, trustee, or		
JI	AN, LIU			
_	(Typed or printed r	ame of person signing)		
P	RESIDENT			
-	(Title o	f person signing)		