## P17000035114

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

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## COVER LETTER

| TO: Amendment Section Division of Corporations |  |  |   |                         |
|--|--|--|---|-------------------------|
|  | SAKE HOUSE BEA   | ACH INC.   |   |                         |
| NAME OF CORPORATION:                           | P17000035114   |  |   |                         |
| The enclosed Ameles of Amendme                 | ent and fee are submitted  | for filing.  |   |                         |
| Please return all correspondence of            | oncerning this matter to t   | he following   |   |                         |
|  |  | JACK KWON  |   | PLEASE MAIL ARTICLES OF |
|  | Na   | me of Contact Person   |   | AMENDMENT TO:           |
|  |  | Firm! Company  |   | JACK KWON               |
|  | 4.6  | 69 LAKE ROAD   |   | - 469 LAKE ROAD,        |
|  |  | Address  |   | LAKE MARY, FL 32746     |
|  | LAK  | E MARY, FL 32746   | )<br>   |                         |
|  | (  | City/ State and Zip Code   |   |                         |
|  | ועעו   | IONO726@GMAIL.COM  | M   |                         |
|  | JKKW<br>mail address: (to be used  | for future annual report no  | tification)   |                         |
| £-1  | man and over t   |  |   |                         |
| For further information conce                  | ming this matter, please   | call   | 171 2154  |                         |
|  | JACK KWON  |  | ) 474-2454<br>de & Daytime Telephone N  | umicer                  |
|  |  |  |   |                         |
| Name of Cor                                    | naci Person<br>following amount made ;   | payable to the Florida Depa  | artment of State:   |                         |
| Enclosed is a check for the                    | □\$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)                        |                         |
| Ameno<br>Divisi                                | g Address<br>iment Section<br>on of Corporations<br>Box 6327<br>nassec, FL 32314 | Am<br>Div<br>Cli   | et Address endment Section ision of Corporations from Building SI Executive Center Circle llahassee, FL 32301 |                         |

## Articles of Amendment to Articles of Incorporation of

| SAKE HOUSE BEAC  | CH_INC.  |           |
|--|--|-----------|
| SAKE HOUSE BEAC  | a Dept. of State)  |           |
| P17000035114   |  |           |
|  | oxn)   |           |
| Presuant to the provisions of section 607,1006, Florida Statutes, this Flori   | ida Profit Corporation adopts the following amendments                               | ) to      |
| te Arricles of interportation.   |  |           |
| A. If amending name, enter the new name of the corporation:  | The new  |           |
|  |  |           |
| name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co word "chartered," "professional association," or the abbreviation "P.2"                | n.   |           |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)  | 2020 FES   | -11       |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  1). If amending the registered agent and/or registered office address new registered agent and/or the new registered office address | lress in Florida, enter the name of the  | I I I I I |
|  | street address)  |           |
| ——— (Florido   | Florida(Zip Code)  |           |
| New Registered Office Address: (C  | Tity)  |           |
| New Registered Agent's Signature, if changing Registered Agent. I am fami I hereby accept the appointment as registered agent. I am fami Signature of New Regist   | gent: iliar with and accept the obligations of the position tered 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)

Please note the efficer/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 rid.

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 held President, Treasurer, Director would be PTD. Changes should be noted in the jointwing marrier. Contemposition Doe is noted to the PST and write Jones is listed as the V. There is a change, Mite Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change. Mite Jones, Vas Remove, and Sally Smith, SV as an Add

| Mitz Jones, 11 as Remove,     | , and Sally Smith.       | 2 v 33 an 200        |                 |                    |
|-------------------------------|--------------------------|----------------------|-----------------|--------------------|
| Example.  N Change            | PT John D                | <u>oc</u>            |                 |                    |
| X Remove                      | Z Nuke J                 |                      |                 |                    |
| X Acd                         | <u>ŞV</u> <u>Şally S</u> | <u>Smith</u><br>Name | <u>Addres</u> s |                    |
| Type of Action<br>(Check One) | Title                    | XIANG Q. LIN         | 2236            | GILMORE ST         |
| () Change                     | VP                       | XIANG Q. EIN         | JAÇK            | SONVILLE, FL 32204 |
| Ada                           |                          |                      |                 |                    |
| X Remove                      |                          |                      |                 |                    |
| II Change                     |                          |                      |                 |                    |
| Add                           |                          |                      |                 |                    |
| Remove                        |                          |                      | <del></del>     |                    |
| 3)Chinge                      |                          |                      |                 |                    |
| Add                           |                          |                      |                 |                    |
| Remove                        |                          |                      |                 |                    |
| :) Chinge                     |                          |                      |                 |                    |
| Add                           |                          |                      |                 |                    |
| Remove                        | c c                      |                      |                 |                    |
|                               |                          |                      |                 |                    |
| 5) Change                     |                          | -                    | -               |                    |
| Add                           | 214                      |                      | -               |                    |
| Remo                          | ,,.                      |                      |                 |                    |
| න Chan                        |                          |                      | <del></del> = = |                    |
| Add                           | i                        | ٠.                   |                 |                    |
| Rer                           | 5 <i>49:</i> J           | Page                 | 2 014           |                    |

| ttach additional sheets, if necessary) | cles, enter change(s) here:<br>(Be specific)   |
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| their barners, see a s                 |  |
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|  | or cancellation of issued shares.  |
| B. Was amendment provides for ar       | n exchange, reclassification, or cancellation of issued shares.  e amendment if not contained in the amendment itself:  f/A) |
| provisions for implementing the        | e amendment if not contained in the  |
| (if not applicable, indicate N         | <sup>(</sup> /A)   |
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| •                                      | N/A  |
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| The dura of each amendment(s) ado  | ption: JANUARY 28, 2020   |
|--|---|
| I Be tiate of each amendmon-(c)  |   |
| Effective date if applicable:  | (no more than 90 days after amendment file date)  |
| Adoption of Amendment(s)   | (CHECK ONE)   |
| The amendment(s) was/were adoption the charabolders was/were suf   | oted by the shareholders. The number of votes east for the amendment(s) ficient for approval.   |
| The amendment(s) was were appropriately provided for the separately provided for the s | 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)  |
| action was not required  The amendment(s) was/were adaction was not required.  | opted by the board of directors without shareholder action and shareholder lopted by the incorporators without shareholder action and shareholder   |
| DatedJA  | ANUARY 28, 2020   |
| (By t  | a director, president or other officer - if directors or officers have not been eted, by an incorporator - if in the hands of a receiver, trustee, or other court of inted fiduciary by that fiduciary) |
|  | LONG WANG   |
|  | (Typed or printed name of person signing)   |
|  | VP  |
|  | (Title of person signing)   |