PM 00055791

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(Ad	dress)	
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AUG 11 2017 S. YOUNG

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION:	PHO DIMSUM	INC.		
DOCUMENT NUMBI	'レ /フハハ	0.55791			
The enclosed Articles of	f Amendment and fee are sub	omitted for filing.			
Please return all corresp	ondence concerning this mat	-			
	LAM	B KHA Name of Contact Person Dim SVM INC Firm/ Company BAY MEADOWS Address			
_		Name of Contact Person			
	PHO	Dimsum INC	,		
_		Firm/ Company	_		
_	9866	BRY MEADOWS	Road.		
		Address			
_	JAC	Ksonville FL	urida 32256.		
_	-	City/ State and Zip Code			
	/amkha7402(a	ognail, CoM ed for future annual report r			
	E-mail address: (to be us	ed for future annual report r	otification)		
For further information	concerning this matter, please	e call:			
LAM	B. KHA	at (904	e & Daytime Telephone Number		
Name of	f Contact Person	Area Cod	e & Daytime Telephone Number		
Enclosed is a check for	the following amount made p	payable to the Florida Depar	tment of State:		
\$35 Filing Fee	☐S43.75 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)		
Maili	ing Address	Street A	Address		
	idment Section		nent Section		
Division of Corporations		Division of Corporations			
	Box 6327		Clifton Building		
Tallahassee, FL 32314		2661 Executive Center Circle			

Tallahassee, FL 32301

Articles of Amendment to

Articles of Incorporation of

716	₹ Pho	DIM SUM	INC.	
(Name of Corporati	on as currently fil	ed with the Flor	ida Dept. of Sta	te)
P 1700	100 55791			
	nent Number of Co	rporation (if know	vn)	
ursuant to the provisions of section 607.1006, Florida Articles of Incorporation:		ida Profit Corpo	ration adopts the	e following amendment(
. If amending name, enter the new name of the co	orporation:			
ame must be distinguishable and contain the wor Corp.," "Inc.," or Co.," or the designation "Corpord" chartered," "professional association," or the	" "Inc," or "Co"	. A professional		
Enter new principal office address, if applicable	<u>:</u> _			
Principal office address <u>MUST BE A STREET ADI</u>	ORESS)			
	_			
	_			- [] - [] - ",
Enter new mailing address, if applicable:				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(Mailing address MAY BE A POST OFFICE BO	<u> </u>			<u> </u>
	_			<u>c</u>
	_			
. If amending the registered agent and/or registered new registered agent and/or the new registered		<u>in Florida, enter</u>	the name of th	<u>e</u>
Name of New Registered Agent				
	(Florida street a	ddress)		
New Registered Office Address:			, Florida	a.
New Registered Office Address.	(Ciņ		. 1 101101	(Zip Code)
lew Registered Agent's Signature, if changing Rec hereby accept the appointment as registered agent.		and accept the ol	bligations of the	position.
Sign	nature of New Regis	tered Agent, if ch	anging	

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	<u>PT</u>	John Doe	
_ •			
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	S	THUHONG TRAN	6101 EDDY STONE TRAIT
Add Remove			6101 EDDYSTONE TRAIT JACKSONVIlle FLORIDA. 32258
2)ChangeAdd	_5	QUOI BINH TRAN	Jacksonville FLORIDA 32258
Remove 3) Change Add			
Remove 4) Change Add			
Remove 5) Change Add		<u> </u>	
Remove 6) Change Add Remove			
remove			

	additional sheets, if n		enter change(s) specific)			

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		for an evaluation	wa alaasifi aatia		- a6 inguad akaraa	
If an am	nendment proy <u>ides</u> ions for implementi	ng the amendme	nt if not contai	ned in the amend	<u>i or issueu snares</u> iment itself:	1
<u>If an an</u> provisi		rate N/A)				
provis	not applicable, indic					
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The date of each amendment(s) adoption: 67/31/2017	, if other than the
date this document was signed.	
Effective date if applicable: 07/31/2017	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	ll not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for 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)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated	
$\frac{1}{2} \frac{1}{2} \frac{1}$	
Signature (By a director, president or other officer – if directors or officers have not been	
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
LAM BINFIRM	<u> </u>
(Typed or printed name of person signing)	
V-P	
(Title of person signing)	-