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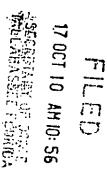
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R. VISITE



COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: LIANG ZAI CONSTRUCTION INC. DOCUMENT NUMBER: P17000077614 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: MINGTONG HUANG Name of Contact Person LIANG ZAI CONSTRUCTION INC Firm/ Company 3915 MAIN STREET STE 203 Address FLUSHING, NY 11354 City/ State and Zip Code CST010101@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (718) 886-5358

Area Code & Daytime Telephone Number MINGTONG HUANG Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■\$43.75 Filing Fee & □ \$35 Filing Fee □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation of

FILED 17 OCT 10 AH 10: 56

LIANG ZAI CONSTRUCTION INC		PARENTY OF CAMPY
(<u>Name</u>	of Corporation as curren	tly filed with the Flatida Republic State
P17000077614		
	(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, thi	is Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new n	ame of the corporation:	
	ante or the gorphotation	
	iation "Corp," "Inc," or	ion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the "P.A."
, -		N/A
B. Enter new principal office address, (Principal office address MUST BE A.S.		
C. Enter new mailing address, if appl (Mailing address MAY BE A POST)		N/A
(<u> </u>	
D. If amending the registered agent ar		dana in Florida anno stanon a foto
new registered agent and/or the ne		
N CN D	N/A	
Name of New Registered Agent	N/A	
	N/A	
	(Florida s	ttreet address)
New Registered Office Address:		, Florida
		(City) (Zip Code)
Van Basistanud taant's Signatura if a	hanging Dagintagal Assa	
New Registered Agent's Signature, if c I hereby accept the appointment as regist		tt: r with and accept the obligations of the position.
	.,	,
	Signature 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	V	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	<u>v</u>	NI, ZHOUBIN	5135 INTERNATIONAL DRIVE
X Add			#7
Remove			ORLANDO, FL 32819
2) Change	T	HUANG, MINGJIAN	5135 INTERNATIONAL DRIVE
X Add			<u>#7</u>
Remove			ORLANDO, FL 32819
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

<u>If amending or adding additional A</u> Attach <i>additional sheets, if necessary</i>). (Be specific)		
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f an amendment provides for an ex	change, reclassification, or c	ancellation of issued sha	ires,
provisions for implementing the ar (if not applicable, indicate N/A)	iendment if not contained in	the amendment itself:	
(у посирысное, такие мя)			
		-	
			

The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	<u> </u>
	(no more than 90 days after amendment file date)	
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements, this date of Department of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
☐ The amendment(s) was/were a action was not required.	adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
10/06/20 Dated	017 	
Signature	/2/2/	
(By selec	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 pinted fiduciary by that fiduciary)	
	MINGTONG HUANG	
	(Typed or printed name of person signing)	 -
	PRESIDENT	
	(Title of person signing)	