P1700078806

(Re	questor's Name)	
(Ad	dress)	
(Add	dress)	
(Cit	y/State/Zip/Phone	e #)
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C. GOLDEN JUN - 7 2018

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	ATION: IUNKE TOOLS C	ORPORATION				
DOCUMENT NUMB	ER: P17000078806					
The enclosed Articles of Amendment and fee are submitted for filing.						
Please return all corres	pondence concerning this ma	atter to the following:				
	ANDY LASTRE					
•		Name of Contact Person	n			
	AL PRO FINANCIAL SERVICES					
•		Firm/ Company				
	6187 NW 167 STREET STE	H24				
•	·	Address				
	MIAMI, FL 33010					
•		City/ State and Zip Cod	e			
ALLP	ROSERVICES9@GMAIL.C	`OM				
	~	sed for future annual report	notification)			
	2	oo to t				
For further information	concerning this matter, plea	se call:				
ANDY LASTRE		305	de & Daytime Telephone Number			
Name o	f Contact Person	Area Co	de & Daytime Telephone Number			
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:			
\$35 Filing Fee	□\$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)			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle				

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

FILED

2018 JUN -6 PM 2:50

IUNKE TOOLS CORPORATION

SECRETARY OF STATE (Name of Corporation as currently filed with the Florida Dept. of State LLAHASSEE. FLORIDA P17000078806 (Document Number of Corporation (if known) Pursuant to the provisions of section 607,1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: , Florida_ (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar 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)

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: X Change	<u>PT</u>	John Do	<u>oe</u>		
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>	Address	
1) Change	V	_	LI, HUAFAN	4740 SW 5 STREET	
x Add				CORAL GABLES, FL. 330134	
Remove					
2) Change	<u>v</u>	<u> </u>	MORENO JIMENEZ, MANUEL V	4740 SW 5 STREET	
Add				CORAL GABLES, FL. 330134	
X Remove					
3) Change		_			
Add					
Remove					
4) Change		_			
Add					
Remove					
5) Change					
Add	-	_			
Remove					
0 0					
6) Change		_			
Add					
Damova					

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
	*
If an amondment provides for an aval-	onne madagaiGastian an annallatian af iguard ab ann
provisions for implementing the ame: (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and and an analysis
	· · · · · · · · · · · · · · · · · · ·
· · · · · · · · · · · · · · · · · · ·	

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)	
Note: If the date inserted in this document's effective date on the	s block does not meet the applicable statutory filing requirements, to Department of State's records.	nis date 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 east for the amenda sufficient for approval.	nent(s)
	approved by the shareholders through voting groups. The following store each voting group entitled to vote separately on the amendment(s)	
"The number of votes ca	ist for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
☐ The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and share	cholder
☐ The amendment(s) was/were a action was not required.	adopted by the incorporators without shareholder action and sharehold	er
	1/2018	
Dated Signature	CINA	
(By a select	a director, president or other officer – if directors or officers have not cted, by an incorporator – if in the hands of a receiver, trustee, or othe inted fiduciary by that fiduciary)	
	HUANG QIAOMING	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	