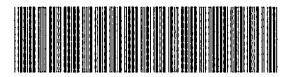
## P11000093158

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## COVER LETTER

**TO**: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPO	RATION: BEE CLUB INC.		
DOCUMENT NUMI	BER: P17000093758	<u> </u>	
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	JESSIE LEI		
		Name of Contact Person	
		Firm/ Company	<del>-</del>
	77 Bowery, Unit #202		
		Address	
	NEW YORK, NY 10002		
		City/ State and Zip Code	
	E-mail address: (to be us	sed for future annual report	notification)
For further informatio	n concerning this matter, pleas	se call:	
		at (	
Name	of Contact Person	Area Coo	de & Daytime Telephone Number
Enclosed is a check fo	or the following amount made	payable to the Florida Depa	rtment of State:
S35 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)
Am Div	iling Address endment Section ision of Corporations . Box 6327	Amend Divisio	Address ment Section n of Corporations Building

2661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

BEE CLUB INC.		
(Name of Corporation	on as currently filed with the Flo	rida Dept. of State)
P17000093758		
(Docum	ent Number of Corporation (if kno	own)
Pursuant to the provisions of section 607,1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corpo	oration adopts the following amendment(s) to
A. If amending name, enter the new name of the cou	rporation:	
		The new
name must be distinguishable and contain the word "Corp.," "inc.," or Co.," or the designation "Corp. word "chartered," "professional association," or the c	" inc," or "Co". A professione	"incorporated" or the abbreviation
B. Enter new principal office address, if applicable:		
(Principal office address MUST BE A STREET ADD		729
	<del></del>	77
	<del></del>	<del></del>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	<u>x</u> )	2 17
		5: 0
		<u> </u>
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		er the name of the
Name of New Registered Agent		
	(Florida street address)	
v. b. t. low-th		. Florida
New Registered Office Address:	(Ciţy)	(Zip Code)
New Registered Agent's Signature, if changing Regi	istered Agent:	. Him di sua afah , maidina
I hereby accept the appointment as registered agent.	i am jamiuar wiin ana accepi ine e	muganons of the position.
Signa	ature of New Registered Agent, if c	hanging

## 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 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) Change	s	JIANBIN LI	12123 SW 11TH CT
X Add			PEMBROKE PINES, FL 33025
Remove			
2) Change		_	
Add			
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			<del></del> -

f amending or adding additional Attach additional sheets, if necess	sary). (Be speci	ific)			
	_				-
<u> </u>				<u> </u>	
	_		<u> </u>	<u> </u>	
	<del>-</del>	<del></del>	<del> </del>		
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		_			
f an amendment provides for a provisions for implementing th	n exchange, recl e amendment if	<u>assification, or car</u> not contained in th	<u>cellation of issued</u> le amendment itse	<u>l shares,</u> lf:	
(if not applicable, indicate )	√A)			<del></del>	
	<del>-</del> -				
				_	_

12/19/2018	
The date of each amendment(s) adoption:	, if other than the
iate this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, the locument's effective date on the Department of State's records.	is date will not be listed as th
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment by the shareholders was/were sufficient for approval.	nent(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following stamust 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 share action was not required.	holder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	er
Dated 12/19/2018  Signature (map Man)	
Signature Crush Than	
(By a director, president or other officer)—if directors or officers have not be selected, by an incorporator—if in the hands of a receiver, trustee, or other appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	
(Typed or printed name of person signing)	
president	

(Title of person signing)