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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORP	ORATION: TAMPA BUFET O	Q, INC.					
	MBER: P18000037922						
	les of Amendment and fee are su	bmitted for filing.					
Please return all co	rrespondence concerning this ma	tter to the following:					
	JI CHEN						
	Name of Contact Person						
	TAMPA BUFFET Q, INC.						
	<del></del>	Firm/ Company					
	3904 S. DALE MABRY HWY						
		Address					
	TAMPA, FL 33611						
		City/ State and Zip Cod	e				
TA	AMPABUFFETQ@GMAIL.CO	М					
	<del>-</del>	sed for future annual report	notification)				
		·					
For further informa	tion concerning this matter, pleas	se call:					
JI CHEN		at (	805-2929				
Name of Contact Person Area		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 of

TAMPA BUFFET Q. INC.						
( <u>Name</u>	of Corporation :	as currently f	iled with the Flori	da Dept. of State)		
P18000037922						
	(Document	t Number of C	orporation (if know	n)		
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida St	atutes, this <i>Fle</i>	orida Profit Corpor	ation adopts the fo	ollowing amendm	ent(s) to
A. If amending name, enter the new na	ame of the corpo	oration:				
					The nev	ı
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp."	"Inc." or "Co	. A professional	incorporated" or corporation name	the abbreviation	n
B. Enter new principal office address,				<u> </u>		
(Principal office address <u>MUST BE A S</u>	TREET ADDRE	ESS)			019 SEC	
					- E	and A
					- <u> </u> -	1
C. Enter new mailing address, if appli					<b>-0</b>	111
(Mailing address MAY BE A POST)	<u>OFFICE BUX</u> )		· · · · · · · · · · · · · · · · · · ·			1750
				1.4		
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D. If amending the registered agent an new registered agent and/or the new			s in Florida, enter	the name of the		
Name of New Registered Agent	JI CHEN					
nume of their negistered agent	3904 W. EUCL	JD AVF				
		(Florida street	address)	vec.		
New Registered Office Address:	TAMPA			3.	3611	
New Registered Office Address:		(Ci	<u>r</u> v)	, Florida	(Zip Code)	
New Registered Agent's Signature, if c I hereby accept the appointment as regist	hanging Registe ered ogent – Lor	ered Agent:	and accent the ah	liantions of the pos	rition	
The say accept the appointment as region	or our agoin. Tur		. and accept the on	egueronia by the pos	14440776.	
		/				
<del></del>		<u> </u>	Istered Agent, if cha			
	Sivnatu	re of New Real	istered Agent if cha	noino		

## 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	Р	RONG QIN XU	3904 W. EUCLID AVE.
Add X Remove			TAMPA. FL 33611
2) X Change	P	JI CHEN	3904 W. EUCLID AVE.
Add			TAMPA, FL 33611
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
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6) Change			
Add			
Remove			

	necessary).	(Be specific)			
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f an amendment provides	for an excha	inge, reclassificati	on, or cancellation	of issued shares,	
f an amendment provides provisions for implement (if not applicable, indi	ing the amen	inge, reclassificati dment if not conta	on, or cancellation ained in the amendi	of issued shares, ment itself:	
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<u>provisions for implement</u>	ing the amen	inge, reclassificati	on, or cancellation ained in the amend	of issued shares, ment itself:	

The date of each amendment(s) adoption:, if other the date this document was signed.
07/29/2019
Effective date if applicable:
(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 not be listed a document's effective date on the Department of State's records.
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)
☐ 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
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)
JI CHEN
(Typed or printed name of person signing)
PRESIDENT
(Fitte of person signing)