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R 'NHITE AUG 20 2018 2018 AUG 17 AM 10: 25 SECRETARY OF STATE

COVER LETTER

TO: Amendment Section Division of Corporations

.

NAME OF CORPOR	ATION: TASTY POT INC				
DOCUMENT NUMB	ER: P18000063597				
	of Amendment and fee are su	bmitted for filing.			
Please return all corres	pondence concerning this mat	tter to the following:			
		SISLEY HE			
•	Name of Contact Person				
	C & S ACCOUNTING & TAX INC				
		Firm/ Company			
	3915 MAIN ST STE 203				
		Address			
	FLUSHING, NY 11354				
•		City/ State and Zip Cod	e		
		CST010101@GMAIL.C	OM		
	E-mail address: (to be us	ed for future annual report	notification)		
For further information	concerning this matter, pleas	e call:			
SI	SLEY HE	at (7 i 8) 8 8 6 - 5 3 5 8 ode & Daytime Telephone Number		
Name o	f Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for	the following amount made p	payable to the Florida Dep	artment of State:		
□ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Auditional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Ame Divis P.O.	ing Address Indment Section Ision of Corporations Box 6327 Ishassee, FL 32314	Ameno Divisio Cliftor	Address Iment Section on of Corporations a Building Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED
2018 AUG 17 AM 10: 25

TASTY POT INC

(<u>Name</u>	of Corporation as curr	ently filed with the Flor	rida Dept. of State LLAHASSEE, FI
	PI	8000063597	MOSCE.FL
	(Document Number	er of Corporation (if kno	wn)
Pursuant to the provisions of section 607 its Articles of Incorporation:	1006, Florida Statutes, t	his <i>Florida Profit Corpe</i>	oration adopts the following amendment(s) to
A. If amending name, enter the new n	ame of the corporation	<u>:</u>	
			The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	iation "Corp." "Inc." e	or "Co". A professiona	"incorporated" or the abbreviation al corporation name must contain the
B. Enter new principal office address, (Principal office address MUST BE A S			
· · · · · · · · · · · · · · · · · · ·			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		3915 MAIN ST S	NTE 203
(Maning dual 150)	<u> </u>	FLUSHING, NY	11354
D. If amending the registered agent ar new registered agent and/or the ne			r the name of the
Name of New Registered Agent LIN, WEI			
Name of New Registered Agent	6437 WINDER OAKS	S BLVD	
	(Florida	a street address)	·
New Registered Office Address:	ORLANDO		, Florida 32819
		(City)	(Zip Code)
New Registered Agent's Signature, if c	hanging Registered Ag	ent:	
I hereby accept the appointment as regis.	ered agent. I am famili	iar with and accept the o	bligations of the position.
	5)		
		- (

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 <math>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 Dog	
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	PT	HUANG, MINGTONG	6437 WINDER ÓAKS BLVD
Add			ORLANDO, FL 32819
X Remove			
2) Change			
Add			
Remove			
3) Change		<u> </u>	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	
	
<u> </u>	
	the state of the beauty
provisions for implementing the amer	nange, reclassification, or cancellation of issued shares, indment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
Effective date <u>if applicable</u> : (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 of document's effective date on the Department of State's records.	will 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	
Signature	<u>.</u>
(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)	
LIN, WEI	
(Typed or printed name of person signing)	
President	
(Title of person signing)	_