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Division of Corporations

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From:

Account Name : KIJOENNA SERVICES INC

Account Number : I20080000033 Phone : (305)644-3055 Fax Number : (305)644-3052

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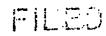
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COVER LETTER

TO: Amendment Section Division of Corporations HR CARGO CHINA INC NAME OF CORPORATION: P19000035440 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: ENNA DIEPPA Name of Contact Person KIJOENNA SERVICES INC Firm/ Company 2141 SW 1 ST SUITE 110 Address MIAMI FL 33135 City/ State and Zip Code KRISJOENNA@YAHOO.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Name of Contact Person Area Code & Daytime Telephone Number · Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fcc □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Cortificate 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 Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



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HR CARGO CHINA INC

*	uk CAROO CIII	יא נויע		
(Name of Corporat	ion as currently	filed with the Florida	Mataisme P 2 26	
P19000035440			500 TEMY OF 5 TEM.	
(Docus	nent Number of (Corporation (if known)	ELAHASSEE, FLORIDA	
Pursuant to the provisions of section 607,1006, Florid its Articles of Incorporation:	a Statutes, this F	lorida Profit Corporati	on adopts the following amends	ment(s)
A. If amending name, enter the new name of the c	orporation:			
name must be distinguishable and contain the wor "Corp" "Inc.," or Co.," or the designation "Corp. word "chartered," "professional association," or the	o." "Inc," or "C	o". A professional co	The note of the abbreviation of the contain the contai	on
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD				-
				-
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>)X</u>)			-
D. If amending the registered agent and/or registenew registered agent and/or the new registered		ss in Florida, enter the	name of the	-
Name of New Registered Agent				
	(Florida stree	address)		
New Registered Office Address:	<u> </u>	_	, Florida	_
	íC	Dity)	(Zip Code)	_
New Registered Agent's Signature, if changing Re	gistered Agent:			
I hereby accept the appointment as registered agent.	I am familiar wi	th and accept the oblig	ations of the position	
Sign	nature of New Per	gistered Agent, if chang	nino	
3187	in and of them Vel	Emimou algent, ij chang	ung	

Page I of 4

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: XChange	<u>PT</u>	John Doe	
X Remove	Y	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	P	HASZZEL ANGELLY CABRERA F	936 NE 191 ST
Add			MIAMI FL33179
X Remove		· ·	
2) Change	<u> </u>	HAZZBL ANGELLY CABRERA BO	936 NE 191 ST
XAdd			MIAMI FL33179
Remove			
3) Change			
Add			
Remove			
4) Change		-	
Add			
Remove			
5) Change			
Add			
Remove		,	
б) Change			
Add			
Romove			

tach <i>additional sh</i> eet	is, if necessary). (Be	: specific)			
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an amendment proy	ides for an exchange	reclassification, or	cancellation of iss	ued shares.	
rovisions for implen (if not applicable,	nenting the amendme indicate N/A)	ent if not contained	in the amendment	itself:	
		· ,		-	
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The date of each amendment date this document was signed		, if other than the
	04/30/2019	
Effective date <u>if applicable:</u>	(no more than 90 days after amendment file date)	
Note: If the date inserted in document's effective date on t	this block does not meet the applicable statutory fitting requirements, this date vibe Department of State's records.	vill not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/web by the shareholders was/web	re adopted by the shareholders. The number of votes east for the amendment(s) ere sufficient for approval.	
The amendment(s) was/wei must be separately provide	re approved by the shareholders through voting groups. The following statement and 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		
	(voling group)	
☐ The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder	
- 04/30	/2019	
Dated Signature	Harrel Angely Cahera	
St	By a director, proceeding or other office;—if directors or officers have not been elected, by an incorporator—if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
	HAZZEL ANGELLY CABRERA BOZO	
	(Typed or printed name of person signing)	
	PRESIDENT	-
	(Title of person signing)	

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