## P21 0000 17260

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ddress)	
(Cir	ty/State/Zip/Phone #	)
PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPO	DRATION:BARRI	VAL INC	
DOCUMENT NUN	1BER: P21000017260		
	es of Amendment and fee are sul	omitted for filing.	
Please return all corr	respondence concerning this mat	ter to the following:	
	Qian Xue		
		Name of Contact Person	1
	General Financial Group Inc		
		Firm/ Company	
	2700 North Berkeley Lake Ro	1 Ste A20	
		Address	
	Duluth, GA 30096		
		City/ State and Zip Cod	e
	topfashionland@gmail.com		
	· •	ed for future annual report	notification)
For further informat	ion concerning this matter, pleas	e call:	
Lei Qu		at (678	672-9188
Nam	e of Contact Person.	Area Co	de & Daytime Telephone Number
Enclosed is a check	for the following amount made p	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)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ai Di P.	ailing Address nendment Section vision of Corporations O. Box 6327 illahassee, FL 32314	Amenc Divisic The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

## **Articles of Amendment** to Articles of Incorporation of

CHEFTAHS ARRIVAL INC		
(Name of Corporation as curren	ntly filed with the Florida Dept. of State)	
P21000017260		
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida Statutes, thits Articles of Incorporation:	is Florida Profit Corporation adopts the following amendmen	nt(s)
A. If amending name, enter the new name of the corporation:		
N/Λ	The new	
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.A	"company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word	
D. C. a	N/A : 25	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
		] }=
		4344
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A = 1	ĭ"]
(Matting dataress MAT BL AT OST OFFICE BOA)	2	
D. If amending the registered agent and/or registered office ac new registered agent and/or the new registered office addre	ldress in Florida, enter the name of the	
Name of New Registered Agent N/A		
Name of New Neganereo Agen		
	street address)	
New Registered Office Address:	(City) , Florida_ (Zip Code)	
	•	
New Registered Agent's Signature, if changing Registered Age  Thereby accept the appointment as registered agent. I am familia	nt: with and accept the obligations of the position.	
Signature of New	Registered Agent, if changing	

Check if applicable

 $\blacksquare$  The amendment(s) is/are being tiled pursuant to s. 607.0120 (11) (e), F.S.

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.

X Change	<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	SV	Shian Shyan Leec	6125 New Tampa Hwy
X Add			Lakeland, FL 33815
Remove			
2) Change			
Add			
Remove 3 ) Change			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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<u>If an amendment p</u> u	rovides for an exchar lementing the amend	<u>age, reclassification</u> Iment if not contai	n, or cancellation o ned in the amenda	or issued snares, ient itself:	
(if not applicab	le, indicate N/A)	mene ii not contar	ned in the uniteres.	10110 11.00011	
1					
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•	05/19/2021
The date of each amendment(s) at date this document was signed.	loption:, if other than the
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, this date will not be listed as the partment of State's records.
Adoption of Amendment(s)	( <u>CHECK ONE</u> )
The amendment(s) was/were add action was not required.	pted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.
☐ The amendment(s) was/were app must be separately provided for	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
	for the amendment(s) was/were sufficient for approval
by	(voting group)
05/21/2021 Dated	
Signature	
selected	rector, president or other officer fit directors or officers have not been  I, by an incorporator – if in the hands of a receiver, trustee, or other court  ed fiduciary by that fiduciary)
	Lei Qu
	(Typed or printed name of person signing)
	VP
	(Title of person signing)