P21000025472

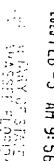
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: COFLOW JET LII	FT, INC.	
DOCUMENT NUM	P21000025472		
The enclosed Articles	s of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	GECHENG ZHA		
		Name of Contact Person	,
	COFLOW JET LIFT, INC.		
	· · · · · · · · · · · · · · · · · · ·	Firmy Company	
	22231 SW 92ND PL		
		Address	
	CUTLER BAY, FL 33190		
		City/ State and Zip Code	•
	gzha@cotlowjetlift.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, plea	se call:	
GECHENG ZHA		786	863-7023
Name	of Contact Person	Area Coo	le & Daytime Telephone Number
Implosed is a check f	or the following amount made	payable to the Florida Depa	irtment 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)
Mailing Address Amendment Section Division of Corporations		Street Address Amendment Section Division of Corporations	
P.O. Box 6327 Tallahassee, Ft. 32314			entre of Tallahassee J. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

COPLOW JET LIFT, INC.			
(Name of Corporation	on as currently f	iled with the Florida	Dept. of State)
P21000025472			
(Docum	nent Number of C	orporation (if known)	
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	a Statutes, this Flo	orida Profit Corporati	on adopts the following amendmen
A. If amending name, enter the new name of the co	orporation:		
			The new
name must be distinguishable and contain the word "co" "Inc.," or Co.," or the designation "Corp," "Inc.," "chartered." "professional association," or the abbre	" or "Co". A p		ited" or the abbreviation "Corp., "
B. Enter new principal office address, if applicable (Principal office address <u>MUST BE A STREET ADD</u>			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>2X</u>)		
	-		
D. If amending the registered agent and/or register		s in Florida, enter th	e name of the
new registered agent and/or the new registered	office address:		
Name of New Registered Agent			
	(Florida street	address)	
New Registered Office Address:			Florida
	tCi	(iy)	(Zip Code)
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.		h and accept the oblig	ations of the position.
Sione	ature of New Real	stered Agent, if chang	ing
Signi	amer og aren megt	owen rigani, ii enung	····

Check if applicable

Li The amendment(s) is/are being filed 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)

Example:

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>P1</u>	John Doe	
X Remove	$\underline{\mathbf{y}}$	Mike Jones	
_X Add	\underline{sv}	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change		_	
Add			
Remove 3.) Change			
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add			
Remove			
δ) Change			
Add			
Remove			

ne number of sha	res the corporation is authorized to is	ssue is 10,000,000.		
he par value is SC	.0001 per share.			
				_
		P***		
			, ,, -	
			127	
• • • • • • • • • • • • • • • • • • • •	at provides for an exchange, reclar	ssification, or cancellation of of contained in the amendme	nt itself:	
provisions for	implementing the amendment is it			
provisions for (if not app	licable, indicate N/A)			
provisions for (if not app	icable, indicate N/A)			
provisions for (if not app	icable, indicate N/A)			
provisions for (if not app	icable, indicate N/A)			
provisions for (if not app	icable, indicate N/A)			
provisions for (if not app	icable, indicate N/A)			
provisions for (if not app	icable, indicate N/A)			
provisions for	icable, indicate N/A)			

The date of each amendment(s	adoption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirement Department of State's records.	s, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareho	older action and shareholder
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the ame sufficient for approval.	endment(s)
	approved by the shareholders through voting groups. The followin for each voting group entitled to vote separately on the amendmen	
"The number of votes c	ast for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
1/21/20. Dated	25	
Signature		
sele	a director, president or other officer – if directors or officers have a sted, by an incorporator – if in the hands of a receiver, trustee, or cointed fiduciary by that fiduciary)	
	GECHEN ZHA	
	(Typed or printed name of person signing)	.
	PRESIDENT	
	(Title of person signing)	

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