P2300002416

(Requestor's Name)	
(Address)	
(Address)	_
(City/State/Zip/Phone #)	
, , , , , ,	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Business Entity Marie)	
(Document Number)	
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	
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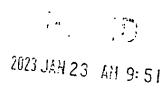


J312512023

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF COL	RPORATION: U.S. DOCTOR EI	DUCATION INC	
	TUMBER: P23000002416		
The enclosed Ar	ticles of Amendment and fee are st	abmitted for filing.	
Please return all	correspondence concerning this ma	atter to the following:	
	YOUSHAN ZHAO		
		Name of Contact Person	n
	CPA Services		
		Firm/ Company	
	618 Osprey Lakes Cir		
		Address	
	Chuluota, FL 32766		
		City/ State and Zip Cod	e
	Skyhawaiilu@gmail.com		
		sed for future annual report	notification)
For further inform	mation concerning this matter, plea	ase call:at {724	557-8193
. N	ame of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a che	eck for the following amount made	payable to the Florida Dep	artment of State:
= 0.5000 5	ee □\$43.75 Filing Fee &	Denger e e	□S52.50 Filing Fee
■ \$35 Filing F	Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy is enclosed)



Articles of Amendment to Articles of Incorporation of

U.S. DOCTOR EDUCATION INC	
(Name of Corporation	on as currently filed with the Florida Dept, of State)
P23000002416	
(Docun	ient Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida its Articles of Incorporation:	a Statutes, this Florida Profit Corporation adopts the following amendment(s) to
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	orporation," "company," or "incorporated" or the abbreviation "Corp.," " or "Co". A professional corporation name must contain the word eviation "P.A."
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></u>
9	
 If amending the registered agent and/or register new registered agent and/or the new registered 	
	(Florida street address)
New Registered Office Address:	Florida
<u> </u>	(City) (Zip Code)
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.	istered Agent: I am familiar with and accept the obligations of the position.
Signa	ture of New Registered Agent, if changing

Check if applicable

 \Box 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)

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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change PT John Doc X Remove $\underline{\mathbf{V}}$ Mike Jones <u>X</u> Add SVSally Smith Type of Action Title Name | <u>Address</u> (Check One) 14711 SNOWY EGRET ST LU, LIN 1) ____ Change WINTER GARDEN, FL 34787 ___ Add Remove 14711 SNOWY EGRET ST LIN, LU 2) ____ Change WINTER GARDEN, FL 34787 Add Remove 3) ____ Change ____ Add ____ Remove 4) _____ Change ____ Add __ Remove 5) ___ Change __ Add __ Remove 6) ____ Change ____ Add ____ Remove

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
	-
•	
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if an amendment provides for an exch	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

. . . .

	(s) adoption:	, if other than the
late this document wa s signed Effective date <u>if applicable</u> :	1/6/2023	
	(no more than 90 days after amendment file date)	
	his block does not meet the applicable statutory filing requirements, the Department of State's records.	his date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/wer action was not required.	e adopted by the incorporators, or board of directors without shareholde	er action and shareholder
The amendment(s) was/wer by the shareholders was/w	e adopted by the shareholders. The number of votes east for the amendere sufficient for approval.	ment(s)
	e approved by the shareholders through voting groups. The following sold for each voting group entitled to vote separately on the amendment(s)	
"The number of votes	east for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
• 1/17/2	023	
Dated		
Signature		
	y a director, president or other officer – if directors or officers have not lected, by an incorporator – if in the hands of a receiver, trustee, or othe	
	pointed fiduciary by that fiduciary)	
	LULIN	
	(Typed or printed name of person signing)	****
	VICE PRESIDENT	
	(Title of person signing)	