## P93000030658

(Re	questor's Name)	
(Ad	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Ві	ısiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
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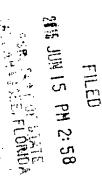
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## COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF COL	RPORATION: Merits Health P	roducts, Inc.						
DOCUMENT N	UMBER: P93000030658							
The enclosed Art	icles of Amendment and fee are	e submitted for filing.						
Please return all	correspondence concerning this	matter to the following:						
	Peter H. Wei							
	Name of Contact Person							
	Merits Health Products, In	ic.						
		Firm/ Company						
	730 NE 19th Place							
		Address						
	Cape Coral, FL 33909							
		City/ State and Zip Cod	e					
3	owei@meritsusa.com							
-	E-mail address: (to be	e used for future annual report	notification)					
For further inforr	nation concerning this matter, p	lease call:						
Peter H. Wei		at (	de & Daytime Telephone Number					
N	ame of Contact Person	Area Co	de & Daytime Telephone Number					
Enclosed is a che	ck for the following amount ma	de payable to the Florida Depa	artment of State:					
■ \$35 Filing Fe	ce \$\Bigsiz\$\$\$\$\$\Bigsiz\$		□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)					
Mailing Address  Amendment Section  Division of Corporations  P.O. Box 6327		Ameno Divisio	Address Iment Section on of Corporations					

2661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

FILED

(Name of Corporation	
( Carrier of Carrier o	as currently filed with the Florida Depth of State?
93000030658	with the state of
(Docume	nt Number of Corporation (if known)
ursuant to the provisions of section 607 1006, Florida S s Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment
. If amending name, enter the new name of the corp	porațion:
	The new
	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the obreviation "P.A."
8. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDR</u>	ESS )
Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	
	******
). If amending the registered agent and/or registered new registered agent and/or the new registered of	
Name of New Registered Agent	
Name of New Registered Agent	
Name of New Registered Agent	(Florida street address)
Name of New Registered Agent  New Registered Office Address:	(Florida street address)

## '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: X Change	<u>PT</u>	John Do	<u>e</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	S	<del></del>	James Chang	
Add X Remove				
2) Change	S		Yang Liu	730 NE 19th Place
X Add				Cape Coral, FL 33909
Remove				
3) Change		<del></del>		
Add				
4) Change				
Add Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add				
Remove				

Samending or adding additional Arti Mach additional sheets, if necessary).	(Be specific)	·			
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			<del></del> ,		
					****
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	<del></del>				
an amendment provides for an exchorovisions for implementing the amer	ange, reclassificat	ion, or cancellati	on of issued s	<u>hares,</u>	
(if not applicable, indicate N/A)	idilett ii not cont	amed in the ame	nament usen:	•	

The date of each amendment(	6-10-2015	if other then the
the date of each amendments date this document was signed.	s) adoption:	, if other than the
	5-10-15	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	nis block does not meet the applicable statutory filing requirements, this date we Department of State's records.	vill not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes cast for the amendment(s) e sufficient for approval.	
	approved by the shareholders through voting groups. The following statement 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 action was not required.	adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
6-10-20 Dated	015	
Dateu		
Signature	lone h	
(B) sel	a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)	
	Jonathan Cheng	
	(Typed or printed name of person signing)	
	Vice President	
	(Title of person signing)	