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From:

Account Name

: RACHEL SIU

Account Number : I20010000073

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: (407)679-2433

Fax Number

: (407)671-4352

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SEP 2 6 2016

COVER LETTER

TO: Amendment Section Division of Corporations

	3 6 9, Inc.		
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	f Amendment and fee are su	abmitted for filing.	
Please return all corres	condence concerning this ma	uter to the following:	
	Rachel Siu	<u>. </u>	
-		Name of Contact Person	1
	Siu & Zanowick, CPAs		
_		Firm/ Company	
:	5100 Old Howell Branch Rd		
		Address	
	Winter Park, FL 32792		
_		City/ State and Zip Cod	8
For further information	E-mail address: (to be use concerning this matter, please	sed for future annual report . se call:	notification)
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Enclosed is a check for	the following amount made	payable to the Florida Depa	rtment of State:
■ \$35 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)
Amer Divis P.O.	ng Address adment Section ion of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle 3500, PL 32301

SECRETARY OF STATE DIVISION OF CORPORATION

Articles of Amendment to Articles of Incorporation of

2016 SEP 23 AM 9: 26

	at the state of th
(Name of Corporation as ci	urrently filed with the Florida Dept. of State)
P93000035835	
(Document Nu	umber of Corporation (if known)
ursuant to the provisions of section 607.1006, Florida Statute a Articles of Incorporation:	es, this Florida Profit Corporation adopts the following amendment(s
. If amending name, enter the new name of the corporat	don:
	The new
ame must be distinguishable and contain the word "corp." "Inc.," or Co.," or the designation "Corp." "Inc., ord "chartered," "professional association," or the abbrevi	poration," "company," or "incorporated" or the abbreviation c," or "Co". A professional corporation name must contain the itation "P.A."
l. <u>Enter new principal office address, if applicables</u> Principal office address <u>MUST BE A STREET ADDRESS</u>)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
(Mailing dauress MAT BE A FUSI UFFICE BUX)	
 If amending the registered agent and/or registered offi- new registered agent and/or the new registered office a 	ce address in Florida, enter the name of the address:
Name of New Registered Agent	
	orida street address)
	orida street address), Florida (City) (Zip Code)

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	PT	John Doe		
<u>Х</u> Remove	<u>v</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s	
1) Change	D	Aaron Yang	1425 Tuscawilla Rd Suite 161	
X Add			Winter Springs, FL 32708	
Remove				
2)Change	D	Martin Yang	1425 Tuscawilla Rd Suite 161	
X Add			Winter Springs, FL 32708	
Remove				
3) Change				
Add				
Remove	•			
4) Change				
Add				
Remove				
5)Change				
Add				
Remove				
6)Change				
Add				
Remove				

	adding additional Art I sheets, if necessary).	(Be specific)			
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<u>cavisions for in</u>	provides for an exchange the sme cable, indicate N/A)	lange, reclassifica ndment if not con	tion, or cancellation	n of issued shares, dment itself:	
(if not applic					
(if not applic			<u> </u>		· · · · · · · · · · · · · · · · · · ·
(if not applic					
(if not applic					
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(if not applie					

		F-IL I SEGRETARY NUMBERS OF ST	131 " TA
The date of each amendment(s) ad	loption:	maryon of	STORATE if other than the
late this document was signed.		2016 SEP 23	AM 9: 27
Effective date if applicable:			
	(no more than 90 day:	s after amendment file date)	
Note: If the date inserted in this be document's effective date on the De	lock does not meet the applicable apartment of State's records.	statutory filing requirements, this	date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)		
☐ The amendment(s) was/were ado by the shareholders was/were su		ber of votes east for the amendmen	u(s)
The amendment(s) was/were app must be separately provided for	roved by the shareholders through veach voting group entitled to vote s	voting groups. The following state eparately on the amendment(s):	ment
"The number of votes cast i	for the amendment(s) was/were suff	icient for approval	
by			
	(voting group)		
The amendment(s) was/were ado action was not required.	pted by the board of directors witho	ut shareholder action and shareho	lder
The amendment(s) was/were ado action was not required.	pted by the incorporators without st	nareholder action and shareholder	
September . Dated	19, 2016		
Signature X	rector, president or other difficer file, by an incorporator - Kin the handed fiduciary by that fiduciary)	fdirectors or officers have not been sof a receiver, trustee, or other co	n purt

Ming Hua Yang

Director

(Typed or printed name of person signing)

(Title of person signing)