

L15000032197

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 30 2017

Y SULKER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Kaishan Technologies of America, LLC.

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tammy Russo, Controller

Name of Person

Kaishan Technologies of America, LLC.

Firm/Company

3611 NW 27th Avenue

Address

Ocala, FL 34475

City/State and Zip Code

tammyrusso@kaishantechnologies.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tammy Russo, Controller

352

390-3570

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☒ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Kaishan Technologies of America, LLC.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on February 20, 2015 and assigned
Florida document number L15000032197.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

3611 NW 27th Avenue

Ocala, FL 34475

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3611 NW 27th Avenue

Ocala, FL 34475

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B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Tammy Russo, Controller

New Registered Office Address:

3611 NW 27th Avenue

Enter Florida street address

Ocala

City

Florida 34475

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.



If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
CEO	Jorge A. Rodriguez	8465 SW 96 Street	<input type="checkbox"/> Add
		Miami, FL 33156	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
CEO	David M. George	5 Squire Hill Road	<input checked="" type="checkbox"/> Add
		Long Valley, NJ 07853-3224	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Kaishan Compressor (Hong Kong)	Room 901, 9/F, Wilson House	<input type="checkbox"/> Add
		19-27 Whyndyhan St. Central	<input type="checkbox"/> Remove
		Hong Kong, China	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) **Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated June 28, 2017

David M. George

Typed or printed name of signee