

L15000110897

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

n BRUCE
SEP 12 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Foshan Shunde Space Cardan Material Co., LTD. US.
Name of Limited Liability Company LL

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

Please return all correspondence concerning this matter to the following:

ALVARO A. QUINTERO
Name of Person

Foshan Shunde Space Cardan Material Co. LTD. US.
Firm/Company LL

13860 Langley Place
Address

DAVIE FL 33325
City/State and Zip Code

QUINTEROALVARO@GMAIL.COM.
E-mail address: (to be used for future annual report notification)
QUINTEROALVARO@GMAIL.COM

For further information concerning this matter, please call:

ALVARO A. QUINTERO at (954) 565-1434
Name of Person Area Code Daytime Telephone Number

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TALLAHASSEE, FLORIDA

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Enclosed is a check for the following amount:

- | | | | |
|--|---|--|---|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$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**

Foshan Shunde Space Cardan Material Co. Ltd. USA L
(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 06/26/15 and assigned
Florida document number L15000110897.

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)

13860 Langley Place
DAVIE FL 33321

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Jose R. Cortes de Lavalle

New Registered Office Address:

8775 NW 61st

Enter Florida street address

TAMARAC

City

Florida

33321

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>
AMBR	GINA BRIN	4300 NW 114 AVE	<input type="checkbox"/> Add
		SUNRISE FL 33323	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
Registered Agent	GINA PILAR BRIN		<input type="checkbox"/> Add
		4300 NW 114 AVE	<input checked="" type="checkbox"/> Remove
		SUNRISE FL 33323	<input type="checkbox"/> Change
AMBR	JOSE R. CORTES	8775 NW 61 ST	<input checked="" type="checkbox"/> Add
		TAMARAC FL 33321	<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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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

GIVA BRIN RESIGNED SINCE JUNE 1/2018
DUE TO MEDICAL ISSUES THAT IMPIDES
HER TO TRAVEL AND COMPLY WITH
HIS WORK OBLIGATION. WE ARE OFFICIALLY
ACCEPTING HIS RESIGNATION

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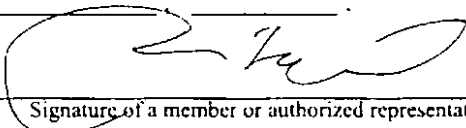
E. Effective date, if other than the date of filing: 9/6/2018 (optional)

(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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated 9/6/2018


Signature of a member or authorized representative of a member

ALVARO A. QUINTERO
Typed or printed name of signer