

L15000 110897

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

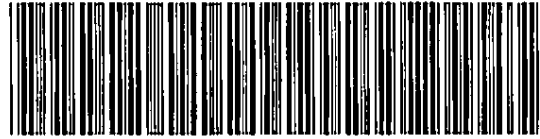
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700346094807

06/13/20--01015--009 **25.00

2020 JUN 19 PM 4:25

FILED

Amend

AUG 04 2020

ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FOSHAN SHUNDE SPACE CARDAN MATERIAL CO. LTD. USA 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:

ALVARO A. QUINTERO

Name of Person

FOSHAN SHUNDE SPACE CARDAN MATERIAL CO. LTD. USA LLC

Firm/Company

600 THREE ISLAND BLVD APT 1205

Address

HALLANDALE BEACH FL 33009

City/State and Zip Code

quinteroalvaro@gmail.com

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

For further information concerning this matter, please call:

ALVARO A. QUINTERO

at (954) 494-5080
Name of Person Area Code Daytime Telephone Number

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

FOSHAN SHUNDE SPACE CARDAN MATERIAL CO. LTD. USA 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 06/26/2015 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)

600 THREE ISLAND BLVD APT 1205

HALLANDALE BEACH FL 33009

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

600 THREE ISLAND BLVD APT 1205

HALLANDALE BEACH FL 33009

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:

ALVARO A. QUINTERO

New Registered Office Address:

600 THREE ISLAND BLVD

Enter Florida street address

HALLANDALE BEACH

City

Florida 33009

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> |
|--------------|-----------------------|--------------------------------|--|
| MGR | Alvaro A. Quintero | 551 ABINGDON WAY | <input checked="" type="checkbox"/> Add |
| | | DAVIE FL 33325 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | RAFAELA DE LAVALLE | 1675 CORAL RIDGE DR | <input checked="" type="checkbox"/> Add |
| | | CORAL SPRINGS FL 33071 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | GINA BRIN | 4300 NW 114 AVE | <input type="checkbox"/> Add |
| | | SUNRISE FL 33323 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | GINA PILAR DE LAVALLE | 600 THREE ISLAND BLVD APT 1205 | <input type="checkbox"/> Add |
| | | HALLANDALE BEACH FL 33009 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | GINA PILAR DE LAVALLE | 600 THREE ISLAND BLVD APT 1205 | <input type="checkbox"/> Add |
| | | HALLANDALE BEACH FL 33009 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(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)

Dated _____, _____.

GINA PILAR DE LAVALLE

Filing Fee: \$25.00