

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

MIG 00003347

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : VILA TAX
Account Number : I20190000073
Phone : (954)778-9844
Fax Number : (954)840-6572

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: ckuhn@kuhn.cl

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
KUHN USA LLC**

Certificate of Status	0
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Help

AUG 26 2019

M. SOLOMON

2019 AUG 23 AM 9:39

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KUHN USA, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CARLOS G GARCIA KUHN

Name of Person

KUHN USA, LLC

Firm/Company

10913 NW 30th STREET, SUITE 107

Address

MIAMI, FL 33172

City/State and Zip Code

ckuhn@kuhn.cl

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

For further information concerning this matter, please call:

Carlos G Garcia Kuhn at (305) 846-8716
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: KUHN USA, LLC

Enter new principal office address, if applicable:

(Principal office address)

MUST BE A STREET ADDRESS

Enter new mailing address, if applicable:

(Mailing address)

MAY BE A POST OFFICE BOX

2. The Florida document number of this limited liability company is: M16000003347

3. Jurisdiction of its organization: DELAWARE

4. Date authorized to do business in Florida: 03/24/2016

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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: CARLOS G GARCIA KUHN

New Registered Office Address: 10913 NW 30 th STREET, SUITE 107

Enter Florida Street Address

MIAMI

City

Florida 33172

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.

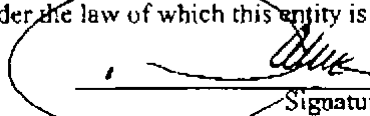

Changing Registered Agent, Signature of New Registered Agent

2016 AUG 23 AM 9:35

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>M</u>	<u>Carmen G Cantolla</u>	<u>10913 NW 30Th Street Suite 107</u>	<input checked="" type="checkbox"/> Add
		<u>Miami, Fl 33172</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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9. Attached is a certificate, if required: no more than 90 days old, evidencing the
aforementioned amendment(s), duly authenticated by the official having custody of records in the
jurisdiction under the law of which this entity is organized.

 
Signature of the authorized representative

Carlos G Garcia Kuhn Carmen G Cantolla

Typed or printed name of signee

Filing Fee: \$25.00