

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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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

2019 AUG 27 PM 4:16

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

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

10/21/2019 12:50

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FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

Attached are the forms and instructions to amend the name, jurisdiction, or the registered agent, or any person identified in accordance with s. 605.0902 (1)(e), or a change in title or capacity of that person, for a foreign limited liability company authorized to transact business in Florida. The requirements are as follows:

- Pursuant to s. 605.0907, Florida Statutes, the attached application must be completed in its entirety.
- A certificate from the state of jurisdiction evidencing the amendment must be submitted with the application. The certificate should be issued within the past 90 days.
- The name of a limited liability company in the state of Florida must contain the words "Limited Liability Company," the abbreviation "L.L.C." or the designation "L.I.C."
- The name of a limited liability company must be distinguishable on the records of the Florida Department of State. If you have changed the name of your limited liability company and the new name is not distinguishable on our records, you must adopt an alternate name to use in the state of Florida. To adopt an alternate name, you must submit a copy of the written consent of the managers or managing members adopting the alternate name. You may download a fill-in-the blank consent form from our website [www.sunbiz.org](http://www.sunbiz.org).

A preliminary search for name availability can be made on the Internet through the Division's records at [www.sunbiz.org](http://www.sunbiz.org). Preliminary name searches and name reservations are no longer available from the Division of Corporations. You are responsible for any name infringement that may result from your name selection.

- The fees are as follows:
  - \$25.00 Filing Fee
  - \$30.00 Certified Copy (optional)
  - \$ 5.00 Certificate of Status (optional)
- A letter of acknowledgment will be issued free of charge upon registration. Please submit one check made payable to the Florida Department of State for the total amount of the filing fee and any optional certificate or copy.
- A COVER letter should be submitted along with the application, certificate, and check. The mailing address and courier address are noted below.
- Please send the application to:

<u>Mailing Address</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	<u>Street/Courier Address</u> Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
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Any further inquiries concerning this matter should be directed to the Registration Section by calling (850) 245-6051.

## 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

CR2E055 (9/15)

2019 AUG 27 PM 4:16

APPROVED  
AND  
FILED

**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: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

Enter Florida Street Address

\_\_\_\_\_, Florida \_\_\_\_\_  
City 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 603, 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.*

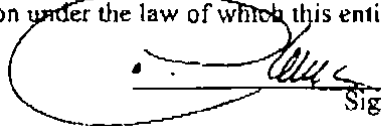
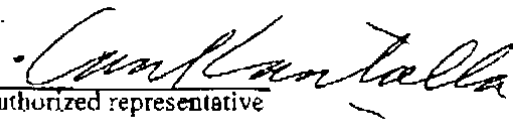
If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), 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 type="checkbox"/> Add
		<u>Miami, FL 33172</u>	<input checked="" type="checkbox"/> Remove
<u>Member</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
<u>President</u>	<u>Carlos G Garcia Kuhn</u>	<u>10913 NW 30Th Street Suite 107</u>	<input type="checkbox"/> Add
		<u>Miami, FL 33172</u>	<input checked="" type="checkbox"/> Remove
<u>Manager</u>	<u>Carlos G Garcia Kuhn</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

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