

M1900000 3149

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

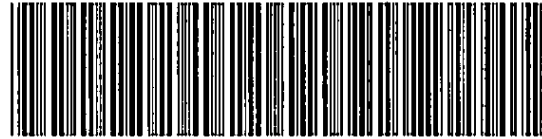
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL 32301-0001

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11/04/19

SHEILS WINNUBST PC

WOOLEY | ANDREWS

Attorneys and Counselors

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(972) 644-8181

KIMBERLY A. QUIRK
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FACSIMILE (972) 644-8180

October 28, 2019

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

Re: *Application by Foreign Limited Liability Company to file Amendment to Certificate of Authority to Transact Business in Florida.*

Dear Sir or Madame:

Enclosed please find an original and one copy of a Cover Letter and Application by Suprema America, LLC to Amend its Certificate of Authority, for filing. After filing, please return the file-marked copy in the self-addressed, stamped envelope provided.

Also enclosed is a check in the amount of \$25.00 for the registration fee.

Thank you for your attention to this matter. Should you have any questions, please call.

Sincerely,



Kimberly A. Quirk

cc: Client

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Suprema America, 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:

Kimberly Quirk
Name of Person

Sheils Winnubst, PC
Firm/Company

1701 N. Collins Blvd, Suite 1100
Address

Richardson, Texas 75080
City/State and Zip Code

hckim@suprema.co.kr
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kimberly Quirk at (972) 644-8181
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: Suprema America, LLC

Enter new principal office address, if applicable: 250 International Parkway, Suite 134

(Principal office address
MUST BE A STREET ADDRESS) Lake Mary, FL 32754

Enter new mailing address, if applicable: 250 International Parkway, Suite 134

(Mailing address
MAY BE A POST OFFICE BOX) Lake Mary, FL 32754

2. The Florida document number of this limited liability company is: M19000003149

3. Jurisdiction of its organization: Texas

4. Date authorized to do business in Florida: March 25, 2019

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

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

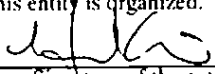
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

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

Remove Stephen Sardi, make Suprema, Inc. manager

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>Manager</u>	<u>Stephen Sardi</u>	<u>55 Carrington Rd</u>	<input type="checkbox"/> Add
		<u>Bethany, CT 06524</u>	<input checked="" type="checkbox"/> Remove
<u>Manager</u>	<u>Suprema, Inc.</u>	<u></u>	<input checked="" type="checkbox"/> Add
		<u></u>	<input type="checkbox"/> Remove
<u></u>	<u></u>	<u></u>	<input type="checkbox"/> Add
		<u></u>	<input type="checkbox"/> Remove
<u></u>	<u></u>	<u></u>	<input type="checkbox"/> Add
		<u></u>	<input type="checkbox"/> Remove
<u></u>	<u></u>	<u></u>	<input type="checkbox"/> Add
		<u></u>	<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

Hanchul Kim, President of Suprema, Inc.

Typed or printed name of signee

Filing Fee: \$25.00