P15000064009

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: SHANTUL AMER	RICA, CORP.	
DOCUMENT NUM	IBER: P15000064009		
	s of Amendment and fee are su	ibmitted for filing.	
Please return all corr	espondence concerning this ma	atter to the following:	
	ANGELA GUAN		
		Name of Contact Persor	1
	GABLES ESTATES BUSIN	ESS ADVISORY CO	
		Firm/ Company	
	396 ALHAMBRA CIR SUI'	• •	
		Address	
	CORAL GABLES FL 33134	1	
		City/ State and Zip Code	e
	AGUAN@GECPAS.COM		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, plea	se call:at (665-5508
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
An Div P.C	tiling Address tendment Section vision of Corporations D. Box 6327 lahassee, FL 32314	Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810 ssee, FL 32303

Articles of Amendment Articles of Incorporation of



SHANTULAMERICA, CORP.		١.
(Name of Corporation as curren	tly filed with the Florida Dept. of State)	
P15(000)64(0)9		
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation adopts the following am	endm e i
A. If amending name, enter the new name of the corporation:	Tho	· new
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.A.	"company," or "incorporated" or the abbreviation "C A professional corporation name must contain the	`orp., ''
B. Enter new principal office address, if applicable:	3100 GOLF RD	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	ROLLING MEADOWS, IL 60008	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3100 GOLFRD	
	ROLLING MEADOWS, IL 60008	
D. If amending the registered agent and/or registered office ad- new registered agent and/or the new registered office address		
	SINESS ADVISORY CO	
Name of New Registered Agent CHARLES LOTATES BO	SINEAS ADVISORT CO	
396 ALHAMBRA CIR S	UITIE 200	
tHorida s	treet address)	
New Registered Office Address: CORAL GABLES	, Florida ³³¹³⁴	
	(City) (Zip Code)	
A		
New Registered Agent's Signature, if chaftging Registered Agen I hereby accept the appointment as registered agent. I am familjar		
racers, accept the appointment as registered agent. Transfamiliar	with and accept the contiguitors of the position.	
A Way		
Signature of New I	Registered Agent, if changing	

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Example:

Please note the officer director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation. Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith. SV as an Add.

X Change	<u>PT</u>	John Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	PD	WANG, XUN	3100 GOLF RD
Add			ROLLING MEADOWS, IL 60008
Remove	D	CHANG, YANG	3100 GOLF RD
2) X Change Add	<u></u>		ROLLING MEADOWS, IL 60008
Remove 3) X Change	D	TIAN, FEI	3100 GOLF RD
Add			ROLLING MEADOWS, IL 60008
Remove			
4) Change			
Add			
Remove			
5) Change	-		
Add			
Remove			
6) Change			
Add			
Remove			

(Attach	nding or adding additional A additional sheets, if necessary	rticles, enter chan;).— (Be specific)	ge(s) here;		
					
					•••
					
_ _					
		 			.
				-	· -
If an a	mendment provides for an ev	change, reclassific	ation, or cancella	tion of issued shar	es,
provis	i <mark>ions for implementing the al</mark> Tnot applicable, indicate NA)	nendment if not co	ntained in the an	iendment itself:	
14)	noi appareume, mateure is si				
	e				
			.		

The date of each amendment(s) adopt	ion:	, if other than the
date this document was signed.		
7/22/201	20	
Effective date <u>if applicable</u> :	(no more than 90 days after amendme	and Ethe Land
	(no more than 90 days after amename)	nt fue uaie)
Note: If the date inserted in this block document's effective date on the Depart	does not meet the applicable statutory filing rement of State's records.	equirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were adopted action was not required.	I by the incorporators, or board of directors with	out shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were suffic	I by the shareholders. The number of votes cast lent for approval.	for the amendment(s)
	ed by the shareholders through voting groups. The voting group entitled to vote separately on the	
"The number of votes cast for	the amendment(s) was/were sufficient for appro-	vai
by		
<u> </u>	(voting group)	_ ;
Dated 19 th	, Jul , 2020 .	
Signature_	Jul, 2020 Cag S Pun	
(By a direct	or, president or other officer - if directors or off	icers have not been
	an incorporator – if in the hands of a receiver,	trustee, or other court
appointed f	iduciary by that fiduciary)	
XU	N WANG	
	(Typed or printed name of person signin	g)
PR	ESIDENT	
-	(Title of person signing)	