

PI 7000050600

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Number of Copies _____ Certificates of Status _____

Additional Instructions to Filing Officer.

Office Use Only



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N/C & Amend

2023 JAN -6 AM 11:39

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A. RAMSEY

JAN -9 2023

FLORIDA CAPITAL COURIER SERVICES, INC
130 CLARE DRIVE
ALLAHASSEE, FL 32309
(50) 524-5437
(50) 524-6243

LEASE USE FUNDS FROM ACCT: I20210000160 AMOUNT: 35.00

AUTHORIZATION: _____ *Jan Luch*
LS ELECTRIC MOTORS CORP. P17000050600
Business Name Document Number, (if known):

☐ Walk in ☐ Pick up time _____
☐ Mail out ☐ Will wait _____ Photocopy

☐ **Certified Copy of Articles of Incorporation**
☐ **Certificate of Status**

NEW FILINGS

☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other
☐ **CORP**
☐ **PLLC**

AMMENDMENTS

☒ **Amendment**
☐ Resignation of R.A. Officer/Director
☐ Change of Registered Agent
☐ Dissolution
☐ Merger
☐ **Conversion**
☐ **Statement of Revocation of
Dissolution**

OTHER FILINGS

☐ Annual Report
☐ Fictitious Name

REGISTRATION/QUALIFICATIONS

☐ Foreign filing
☐ Limited Partnership
☐ Reinstatement

APOSTIL() _____ **Country** _____ **Other** _____

INITIALS: _____

COVER LETTER

Amendment Section
Division of Corporations

NAME OF CORPORATION: SLS ELECTRIC MOTORS CORP.

DOCUMENT NUMBER: P17000050600

Enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ROBERT DE LA RIVA

Name of Contact Person

14420 SW 83RD CT

Firm/ Company

PALMETTO BAY, FL 33158

Address

ROBDLR33@GMAIL.COM

City/ State and Zip Code

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

For further information concerning this matter, please call:

ROBERT DE LA RIVA

at (305) 9651264

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☐ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

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

27:3:42

Articles of Amendment
to
Articles of Incorporation
of

FILED

ELECTRIC MOTORS CORP.

2023 JAN -6 AM 11:39

(Name of Corporation as currently filed with the Florida Dept. of State)

00050600

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this **Florida Profit Corporation** adopts the following amendment(s) to
Articles of Incorporation:

Amending name, enter the new name of the corporation:

TRADING COMPANY USA CORP.

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Co.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "professional," "professional association," or the abbreviation "P.A."

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)

If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent

(Florida street address)

New Registered Office Address:

(City)

, Florida

(Zip Code)

Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

Check if applicable

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

ending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and
ess of each Officer and/or Director being added:
ch additional sheets, if necessary)
e note the officer/director title by the first letter of the office title:
President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief
utive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held.
dent, Treasurer, Director would be PTD.
ges 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
nge, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change,
Jones, V as Remove, and Sally Smith, SV as an Add.

Example:
Change PT John Doe
Remove V Mike Jones
Add SV Sally Smith

| <u>Type of Action</u> (Check One) | <u>Title</u> | <u>Name</u> | <u>Address</u> |
|--------------------------------------|--------------|-------------------------------|--------------------------------|
| <input type="checkbox"/> Change | P | LUIS CARLOS FIN SANCHES JR. | 80 SW 8TH STREET |
| <input type="checkbox"/> Add | | | STE 2000 |
| <input type="checkbox"/> Remove | | | MIAMI, FL 33130 |
| <input type="checkbox"/> Change | P | Empire Eight Investments Ltd. | Flemming House Wickams Cay |
| <input type="checkbox"/> Add | | | PO Box 662 - Road Town Tortola |
| <input type="checkbox"/> Remove | | | British Virgin Islands |
| <input type="checkbox"/> Change | | | |
| <input type="checkbox"/> Add | | | |
| <input type="checkbox"/> Remove | | | |
| <input type="checkbox"/> Change | | | |
| <input type="checkbox"/> Add | | | |
| <input type="checkbox"/> Remove | | | |
| <input type="checkbox"/> Change | | | |
| <input type="checkbox"/> Add | | | |
| <input type="checkbox"/> Remove | | | |

amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

an amendment provides for an exchange, reclassification, or cancellation of issued shares,
provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)

ate of each amendment(s) adoption: _____, if other than the
is document was signed.

ive date if applicable: _____
(no more than 90 days after amendment file date)

If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
ent's effective date on the Department of State's records.

ion of Amendment(s) (CHECK ONE)

: amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder
on was not required.

: amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s)
the shareholders was/were sufficient for approval.

: amendment(s) was/were approved by the shareholders through voting groups. *The following statement
st be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval

by _____"
(voting group)

01/06/2023
Dated _____

Signature _____
(By a director, president or other officer – if directors or officers have not been
selected, by an incorporator – if in the hands of a receiver, trustee, or other court
appointed fiduciary by that fiduciary)

Robert De La Riva

(Typed or printed name of person signing)

VP

(Title of person signing)