

8/30/2018

Division of Corporations

**Florida Department of State**  
**Division of Corporations**  
**Electronic Filing Cover Sheet**

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H16000158969 3)))



H160001589693ABCC

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
 Fax Number : (850)617-6380

From:

Account Name : LAW OFFICES TONY PORNPINYA  
 Account Number : I20010000164  
 Phone : (305)893-8989  
 Fax Number : (305)891-7717

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

Email Address: \_\_\_\_\_

**FILED**  
 2016 JUL -1 AM 9:29  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**COR AMND/RESTATE/CORRECT OR O/D RESIGN**  
**JIALING MOTORCYCLE (AMERICA) CORPORATION**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 05      |
| Estimated Charge      | \$35.00 |

*Amend*

JUL 05 2016

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Corporate Filing Menu

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**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: JIALING MOTORCYCLE (AMERICA) CORPORATION

DOCUMENT NUMBER: V33346

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

**TONY PORNPRIYA**

Name of Contact Person

**LAW OFFICES OF TONY PORNPRIYA**

Firm/ Company

**1555 NE 123rd STREET**

Address

**NORTH MIAMI, FL 33161**

City/ State and Zip Code

**NVC@MIAMIDADELAW.NET**

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

For further information concerning this matter, please call:

**TONY PORNPRIYA**

at (

**305**

**) 893-8989**

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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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850-817-8381

7/1/2016 11:14:00 AM PAGE 1/001 Fax Server



July 1, 2016

FLORIDA DEPARTMENT OF STATE

Division of Corporations  
JIALING MOTORCYCLE (AMERICA) CORPORATION  
10800 BISCAYNE BLVD  
SUITE 988  
MIAMI, FL 33161US

SUBJECT: JIALING MOTORCYCLE (AMERICA) CORPORATION  
REF: V33346

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton  
Regulatory Specialist II

FAX Aud. #: H16000158969  
Letter Number: 416A00013897

RECEIVED  
16 JUL -1 PM 3:35  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

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Articles of Amendment  
to  
Articles of Incorporation  
of  
**JIALING MOTORCYCLE (AMERICA) CORPORATION**

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

**V33346**

(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 its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

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

**B. Enter new principal office address, if applicable:**  
(Principal office address **MUST BE A STREET ADDRESS**)

**C. Enter new mailing address, if applicable:**  
(Mailing address **MAY BE A POST OFFICE BOX**)

**D. 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: \_\_\_\_\_, Florida \_\_\_\_\_  
(City) (Zip Code)

**New 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

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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)

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.

Example:

☒ Change      PT      John Doe

☒ Remove      V      Mike Jones

☒ Add      SV      Sally Smith

| Type of Action<br>(Check One)              | Title | Name         | Address               |
|--------------------------------------------|-------|--------------|-----------------------|
| 1) <input type="checkbox"/> Change         | SD    | LIU, MINGWEI | 1555 NE 123rd STREET  |
| <input type="checkbox"/> Add               |       |              | NORTH MIAMI, FL 33161 |
| <input checked="" type="checkbox"/> Remove |       |              |                       |
| 2) <input type="checkbox"/> Change         | SD    | YU, XIAOYAN  | 1555 NE 123rd STREET  |
| <input checked="" type="checkbox"/> Add    |       |              | NORTH MIAMI, FL 33161 |
| <input type="checkbox"/> Remove            |       |              |                       |
| 3) <input type="checkbox"/> Change         |       |              |                       |
| <input type="checkbox"/> Add               |       |              |                       |
| <input type="checkbox"/> Remove            |       |              |                       |
| 4) <input type="checkbox"/> Change         |       |              |                       |
| <input type="checkbox"/> Add               |       |              |                       |
| <input type="checkbox"/> Remove            |       |              |                       |
| 5) <input type="checkbox"/> Change         |       |              |                       |
| <input type="checkbox"/> Add               |       |              |                       |
| <input type="checkbox"/> Remove            |       |              |                       |
| 6) <input type="checkbox"/> Change         |       |              |                       |
| <input type="checkbox"/> Add               |       |              |                       |
| <input type="checkbox"/> Remove            |       |              |                       |

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The date of each amendment(s) adoption: \_\_\_\_\_ If other than the date this document was signed.

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

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

Adoption of Amendment(s) (CHECK ONE)

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

☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must 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)

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 06/29/2016

Signature Ron Shu

(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)

SHU REN

(Typed or printed name of person signing)

PD

(Title of person signing)

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