

10/14/2020

V33346
2020-10-15 19:58:56 (GMT) 13058977717 From: Law Offices Tony Pornprinya
Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

*Rwhite
10/14/20*

From: Account Name : LAW OFFICES TONY PORNPRINYA
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.****

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

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October 15, 2020

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.

Rabekah White

FAX Aud. #: H20000357897

Regulatory Specialist II Supervisor

Letter Number: 820A00020406

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COVER LETTERTO: 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 PORNPRINYA

Name of Contact Person

LAW OFFICE OF TONY PORNPRINYA

Firm/ Company

1555 NE 123 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 PORNPRINYA

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 AddressAmendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314Street AddressAmendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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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

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

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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 (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	<u>D</u>	<u>ZIJU LI</u>	<u>No.111 Yongjia Avenue,</u>
<input type="checkbox"/> Add			<u>Biquan Street Biquan District</u>
<input checked="" type="checkbox"/> Remove			<u>Chongqing CN</u>
2) <input type="checkbox"/> Change	<u>D</u>	<u>YANJUN HUANG</u>	<u>No.111 Yongjia Avenue,</u>
<input checked="" type="checkbox"/> Add			<u>Biquan Street Biquan District</u>
<input type="checkbox"/> Remove			<u>Chongqing CN</u>
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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E. If amending or adding additional Articles, enter change(s) here:
(Attach additional sheets, if necessary). (Be specific)

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The date of each amendment(s) adoption: _____ If later than the date this document was signed.

Effective date if applicable: 9/23/2020
(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 incorporators, or board of directors without shareholder action and shareholder action was not required.

☐ 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)

Dated 10/14/2020

Signature

[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)

Yuanxun Shu

(Typed or printed name of person signing)

President

(Title of person signing)

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