FROM : LAZARUS



Florida Department of State

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FAX NO. :3052201440 LO/1/2009 10:24:08 AM PAGE

Oct. 01 2009 11:36AM P2 1/001 Fax Server

otober 1, 2009

FLORIDA DEPARTMENT OF STATE

I.S. PURCHASING EXPORT - IMPORT, Division of Corporations 058 NW 77 CT UITE 200 HAMI, FL. 33166US

UBJECT: U.S. PURCHASING EXPORT - IMPORT, INC.

EF: M60743

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

the current name of the entity is as referenced above. Please correct our document accordingly.

There's a period after (INC) in the corporate name.

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| rene Albritton | | agulatory Specialist II |

FAX Aud. #: H09000211191 Letter Number: 209A00031849

H 0 9 0 0 0 2 1 1 1 9 1

to
Articles of Incorporation
of

U.S. PURCHASING			
(Name of Corporation as curre	ntly filed with the Flori	da Dept. of State)	
<u> </u>	//60743		
(Document Num	her of Corporation (if known	own)	
Pursuant to the provisions of section 607.1006 amendment(s) to its Articles of Incorporation:	, Florida Statutes, this 1	Florida Profit Corporation ad	opts the following
A. If smending name, onter the new name of	the corporation;		•
name must be distinguishable and contain the abbreviation "Corp.," "Inc.," or Co.," or the contain the word "chartered," "profits. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) D. If amending the registered agent and/or resistered agent and/or resistered agent and/or resistered agent.	designation "Carp," "In essional association," or icable: [ADDRESS] [E BOX]	c," or "Co". A professional the abbreviation "P.A."	SECRETARY OF FLORIDA TALLAHASSEE, FLORIDA TOPO OP OCT -1 PH 1: 40
new registered agent and/or the new regist Name of New Registered Agent:	erea office adaress:	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	(Florida street d	address)	
		, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered ag	Registered Agent: tent. I am fumiliar with a		ie position.

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If amonding 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)

Title	Name	Address	Type of Action
T-O	RODOLFO ROSARIO	803 NEW LAKE DR. BOYNTON BEACH, FL 33426	_ ☑ Add □ Remove
			☐ Add ☐ Remove
			_
E. If amenda (altach a	ding or adding additional Articles, enditional sheets, if necessary). (Be s	nter change(s) here: pecific)	· · · · · ·
<u></u>			
provisio	nendment provides for an exchange, ons for implementing the amendment of applicable, indicate N/A)	reclassification, or cancellation of is it if not contained in the amendment	sued shares, itself:
			<u></u>

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H09000211191

FROM:LAZARUS

FAX NO. :3052201440 HU9UUU2 11191

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The date of each amendment(s	adoption: 09/23/2009		
\mathcal{U}	(date of adoption is required) (no more than 90 days after amendment file date)		
Effective date if applicable: (
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were by the shareholders was/were	adopted by the sharcholders. sufficient for approval.	The number of votes east for the amendment(s)	
		s through voting groups. The following statement d to vote separately on the amendment(s):	
"The number of votes ca	st for the amendment(s) was/	were sufficient for approval	
by		35	
6	oting group)	· · · · · · · · · · · · · · · · · · ·	
action was not required. The amendment(s) was/were action was not required.	adopted by the incorporators	without shareholder action and shareholder	
Dated 09/23/	2009	<u>.</u>	
selecto		fficer – if directors or officers have not been the hands of a receiver, trustee, or other court ry)	
	JIMMY S	S. QUIÑONES	
	(Typed or printed	name of person signing)	
_		NT DIRECTOR	
	(Title of person signing	ng)	