

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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((H11000036149 3)))



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To:

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

From:

Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

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

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

**COR AMND/RESTATE/CORRECT OR O/D RESIGN  
W & P SUPPLY, CORP.**

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

FILED  
11 FEB 11 AM 10:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Amns*

Electronic Filing Menu

Corporate Filing Menu

Help



February 10, 2011

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

W & P SUPPLY, CORP.  
7084 NW 50 ST  
MIAMI, FL 33166

SUBJECT: W & P SUPPLY, CORP.  
REF: P01000090299

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.

Page 3 of the amendment form is for a nonprofit corporation.

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) 245-6892.

Tina Roberts  
Regulatory Specialist II

FAX Aud. #: H11000036149  
Letter Number: 311A00003557

RECEIVED  
11 FEB 10 AM 8:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

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COVER LETTER

Q

H11000036149

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: W & P SUPPLY, CORP.

DOCUMENT NUMBER: P01000090299

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

Please return all correspondence concerning this matter to the following:

ERICA SANDREA POSADA

Name of Contact Person

W & P SUPPLY, CORP.

Firm/ Company

7084 N.W. 50 STREET

Address

MIAMI, FL 33166

City/ State and Zip Code

SANDREA\_15@HOTMAIL.COM

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

For further information concerning this matter, please call:

ERICA SANDREA POSADA

Name of Contact Person

at ( 786 )

797-3581

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

H11000036149

Articles of Amendment  
to  
Articles of Incorporation  
of

W & P SUPPLY, CORP.

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

P01000090299

(Document Number of Corporation (if known))

FILED  
11 FEB 11 AM 10:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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:

N/A

*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)

7084 N.W. 50 STREET

MIAMI, FL 33166

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

7084 N.W. 50 STREET

MIAMI, FL 33166

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:

ERICA SANDREA POSADA

New Registered Office Address:

7084 N.W. 50 STREET

(Florida street address)

MIAMI

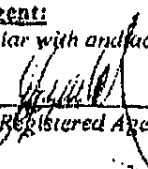
(City)

Florida 33166

(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

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>PD</u>	<u>Erica Sandra Posada</u>	<u>7084 NW 50 St.</u> <u>Miami, FL 33166</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>ST</u>	<u>Alexandra Posada Sandra</u>	<u>8315 NW 68 St.</u> <u>Miami, FL 33166</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>VP</u>	<u>William A. Posada</u>	<u>8315 NW 68 St.</u> <u>Miami, FL 33166</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>S</u>	<u>Erica Sandra Posada</u>	<u>7084 NW 50 St.</u> <u>Miami, FL 33166</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>PD</u>	<u>William A. Posada</u>	<u>8315 NW 68 St.</u> <u>Miami, FL 33166</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove

**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: February 9, 2011

H11000036149

Effective date if applicable: February 9, 2011  
(date of adoption is required)  
(no more than 90 days after amendment file date)

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 February 9, 2011

Signature \_\_\_\_\_

(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

ERICA SANDREA POSADA

(Typed or printed name of person signing)

SECRETARY

(Title of person signing)

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