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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 acdress please. \*\*

Email	Address	ı			

COR AMND/RESTATE/CORRECT OR O. D. RESIGN COMARTI U.S.A. CORP.

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October 4, 2011

FLORIDA DEPARTMENT OF STATE
Division of Corporations

COMARTI U.S.A. CORP. 9130 S DADELAND BLVD SUITE 1600 MIAMI, FL 33156

SUBJECT: COMARTI U.S.A. CORP.

REF: P02000097770

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.

The date of adoption of each amendment must be included in the document.

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) 245-6908.

Sylvia Gilbert Regulatory Specialist II FAX Aud. #: E11000:40221 Letter Number: 711400022809

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P.O BOX 6327 - Tallahassee, Florida 32314

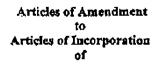
## 15204200011 H

## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:		COMARTI U.S.A. CORP.				
DOCUMENT NUI	MBER:	P0200009;*770				
The enclosed Article	es of Amendmens and fe	se are submitted for filing.				
Please return all con	respondence concerning	this matter to the following:				
_		MARIO GUZMAN				
		Name of Contact Person				
_	GU	IZMAN & GUZMAN, P.A.				
		Firm/ Company				
	9130 S.	DADELAND BLVD, STE 1600				
_		Address				
		MINNAL EL COASE				
-		MIAMI, FL 33156 City/ State and Zip Code				
	MGUZMAN@(	GUZMANANDGUZMAN.CCIM used for future annual report notification)				
For further information	tion concerning this mett	ior, piease call:				
MA	RIO GUZMAN	at ( 305 ) 670-1991  Area Code & Day inc Telephone Number				
Name o	of Contact Person	Area Code & Day ime Telephone Number				
Enclosed is a check	for the following amoun	nt made payable to the Florida Department of State:				
☑ \$35 Piling Fee	\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional copy is enc osed)  Certified Copy (Additional Copy is enc.	nolosed)			
Mailing Address Amendment Section		Street Address Amendment Section				
Division of	Corporations	Division of Corporations				
P.O. Box 63 Tallahassee,		Clifton Building 2661 Executive Center Circle Tallahassee, FL 32304	2661 Executive Center Circle			

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			ALLE TO THE PARTY OF THE PARTY
			The Contract of
A	rticles of Amendme	ent	143 F 10
	to	• .	C. T. T.
An	ticles of Incorporati of	lon	
COMARTI	U.S.A. CORP		
(Name of Corporation as surrent	ty filed with the Flori	da Dent, of State)	A
P0200	00097770		
	er of Corporation (if kn	ιρwπ)	<b>-</b>
	70113- O	MI - 1-1 - A - A1 A3	dan adams the following
Pursuant to the provisions of section 607.1006, amendment(s) to its Articles of Incorporation:	Florida Statutes, inis	rionaa .чоді Сотрога	tou adopts the following
A. If amending name, anter the new name of the	e corporation:		
			The new
name must be distinguishable and contain the	word "cornention	" "commany " or "ince	
abbreviation "Corp.," "Inc.," or Co.," or the dename must contain the word "chartered," "profes	esignation "Corp." "I	nc," or "Co". A profes	sional corporation
B. Eater vew principal office address, if applie			
(Principal office address MUST BE A STREET.	HUUAESS )		_
		<u> </u>	_
•			
C. Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	BOX)		<u></u>
		_	
D. If amending the registered agent and/or registered agent and/or the new register		in Florida, enter the p	ime of the
HEW TEENED EN AREIN AUMON THE NEW TEENTE	a Bu Office additess.		
Name of New Registered Agent:			
New Registered Office Address;	(Florida stree	t address I	
	,		
	(City)	, Florid (Zip Code)	a
	(City)	(Lip Code)	
New Registered Agent's Signature, if changing			
I hereby accept the appointment as registered age	mt. I am familiar with	n and accept the obligation	ons of the position.
			_
Sign	nature of New Register	red Agen., if changing	

Page 1 of 3

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)

Title	Name	Address	Type of Action
<u>PD</u>	JULIO COMPARADA	201 ALHAMBRA CIR STE 1102 CORAL GABLES, FL 3: 134	☐ Add ☑ Remove
<u>VD</u>	EDUARDO MARTINO	201 ALHAMBRA CIR STE 1102 CORAL GABLES, FL 33134	☐ Add ☑ Remove
VSD	JORGE MARTINO	9130 S. DADELAND BL /D SUITE 1600 MIAMI, EL 33155	☐ Add ☑ Remove
E. If am endi	ng or adding additional Articles, enter litional sheets, if necessary). (Be speci		
ADD			
TITLE: PD			
NAME : CA	RLOS ALBERTO SIANO		
ADDRESS	: 9130 S. DADELAND BLVD, STE	1600 MIAMI, FL 33155	
provision	endment provides for an exchange, rec is for implementing the amendment if applicable, indicate N/A)		

Page 2 of 3

		Cata		20	2011	
The date of each smeadment	e) =deption:	Septer	nver	<u> </u>	2011.	
Effective date if applicable:			-		•	
(no more than 90 days after amondment file date)						
Adoption of Amendment(s)	(CB)	CK ONE)				
The amondment(s) was/wen by the shareholders was/we	e adopted by the a re sufficient for a	hareholders. Th oproval	to radinum ea	VOIEN GILS	for the amendment(a)	
The amondment(s) was/wen must be separately provided	e approved by the I for each vorting g	sharcholdars the roup antitled to	rough voting vote constant	groups. '	he following statement amendment(s)	
"The number of Votes o	ast for the amend	ncol(s) was/we	re safficient f	is zppros∷	ជ	
ъу	(voting group)	······································	11			
	ACMINE SECOND					
The amendmont(s) was/wen section was not required	e adopted by the b	outd of director	e without sha	reholder i	pabledgagds bus noita	
I be uncodment(s) was/won action was not required.	e adopted by the t	ecorpotators wit	hout sharche	lder setici	n and Bhercholder	
Dated SEPT	TEMBER 30, 2	011				
Signature	+	-7-2°	7			
(By :	director, preside	at or other offici	sı – if düeste	as or offi	ers have not been	
			hands of a re	ceiver, tr	ares. or other court	
abbo	inted fiduciary by	mer refreista)				
	MAR	c : NO	704	ce.		
	(1yp	ed or printed ner	ne of person)	signing)		
	VSI	) Desson alemine)				
	(Title of	azasan sizaine)			<del></del>	

Page 3 of 3

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