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SECRETARY OF STATE

Mayor

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION:	SUPER PAELLAS CO	ORP.	
DOCUMENT NUM	BER:	P0600003707	8	
The enclosed Article.	s of Amendment and fee a	are submitted for filing.		
Please return all corre	espondence concerning th	is matter to the following:		
_		/ING J. GONZALEZ		
1		Name of Contact Person		
*****	IRVING J. GO	NZALEZ ATTORNEY AT LA	w	
		Firm/ Company		
80 SW 8TH STREET, SUITE 1710				
Address				
	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	MIAMI, FL 33130		
	С	City/ State and Zip Code		
	irv@in E-mail address: (to be use	rvgonzalez.com ed for future annual report notification)	
For further information	on concerning this matter,	please call:		
	G J. GONZALEZ		374-4343	
Name of	Contact Person	Area Code & Daytime	Telephone Number	
Enclosed is a check f	or the following amount n	nade payable to the Florida Dep	artment of State:	
□\$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status		S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address		Street Address		
Amendment S			Amendment Section	
Division of Corporations P.O. Box 6327		Division of Corporations Clifton Building		
Tallahassee, FL 32314		2661 Executive Center Cir	rcle	

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of

SUPER PAELLAS CORP.

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

	Articles of A	Amendment	<i>0</i> .
	to	•	30c, ^/
	Articles of In	_	PASECRE PA
SLIPER	PAELLAS		745.7
(Name of Corporation as cur			
PC	06000037078	8	NO PA
	umber of Corpora		
nant to the provisions of section 607.10 dment(s) to its Articles of Incorporation		utes, this <i>Florida Profit Co</i>	rporation adopts the following
amending name, enter the new name	of the corporati	ion:	The new
must be distinguishable and contain	n the word "co	rporation," "company," or	"incorporated" or the
viation "Corp.," "Inc.," or Co.," or t must contain the word "chartered," "p	ne aesignation " professional assoc	Corp," "Inc," or "Co". A ciation," or the abbreviation	professional corporation "P.A."
nter new principal office address, if a	nnlicable:		
cipal office address <u>MUST BE A STRI</u>)	
		•	<u></u>
Enter new mailing address, if applicab Mailing address <u>MAY BE A POST OF</u>		80 SW 8TH STREET	
		SUITE 1710 MIAMI, FL 33130	
amending the registered agent and/o		ce address in Florida, enter	the name of the
amending the registered agent and/or ew registered agent and/or the new re	gistered office a	ce address in Florida, enter ddress:	the name of the
	gistered office a	ce address in Florida, enter	the name of the
ew registered agent and/or the new re	gistered office a IRVING J. (80 SW 8TH	ce address in Florida, enter ddress:	the name of the
w registered agent and/or the new re Name of New Registered Agent:	gistered office a IRVING J. (80 SW 8TH	ce address in Florida, enter ddress: GONZALEZ, ESQ. ST, STE 1710 orida street address)	the name of the
w registered agent and/or the new re Name of New Registered Agent:	IRVING J. 0 80 SW 8TH	ce address in Florida, enter ddress: GONZALEZ, ESQ. ST, STE 1710 orida street address)	Florida_33130
w registered agent and/or the new re Name of New Registered Agent: New Registered Office Address: Registered Agent's Signature, if chan	IRVING J. (80 SW 8TH (Flo MIAMI (Cit)	CE address in Florida, enter ddress: GONZALEZ, ESQ. ST, STE 1710 orida street address) (Zip Cont.)	Florida <u>33130</u> Code)
ew registered agent and/or the new re Name of New Registered Agent:	IRVING J. C 80 SW 8TH (Flat MIAMI (City ging Registered d agent. I am far	CE address in Florida, enter ddress: GONZALEZ, ESQ. ST, STE 1710 Orida street address) (Zip Continuation with and according the object.)	Florida 33130 Code) Oligations of the position.
ew registered agent and/or the new re Name of New Registered Agent: New Registered Office Address: Registered Agent's Signature, if chan	IRVING J. (80 SW 8TH (Flo MIAMI (Cit)	CE address in Florida, enter ddress: GONZALEZ, ESQ. ST, STE 1710 Orida street address) (Zip Continuation with and accept the object.)	Florida 33130 Code) Oligations of the position.

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>	Address	Type of Action
<u> </u>	ZAMORA, MICHAEL	4390 W 12 LN APT 1-A HIALEAH, FL 33012	☐ Add ☑ Remove
<u>P</u>	DOMINGUEZ, JAVIER	10720 NW 58 ST DORAL, FL 33178	
			— <u>–</u> ,
<u>provisi</u>	nendment provides for an exchange, ons for implementing the amendment of applicable, indicate N/A)		

The date of each amendmen	t(s) adoption; SEPTEMBER 01, 2009
Effective date if applicable:	SEPTEMBER 01, 2009
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
	ere adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	are approved by the shareholders through voting groups. The following statement and 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/we action was not required.	ere adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder
Dated SEF	PTEMBER 01, 2009
(By	a director, president or other officer - if directors or officers have not been
	ected, by an incorporator – if in the hands of a receiver, trustee, or other court
арр	ointed fiduciary by that fiduciary)
	JAVIER DOMINGUEZ
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)