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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	#)
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORP	ORATION:	SUPER PAELLAS CORP.		
DOCUMENT NUI	MBER:	P06000037078		
The enclosed Articl	es of Amendment and fe	e are submitted for filing.		
Please return all cor	respondence concerning	this matter to the following:		
. ` _	IRV	ING J. GONZALEZ, ESQ.		
		Name of Contact Person		
-	IRVING JOSEP	H GONZALEZ, ATTORNEY AT L	AW	
·		Firm/ Company	:	
-	80 SV	N 8 STREET, SUITE 1710 Address	,	
	•	Addiess		
_	M	IAMI, FLORIDA 33130 City/ State and Zip Code	<u>. </u>	
	irv@	②irvgonzalez.com used for future annual report notification)	'	
,	E-mail address: (to be t	used for future annual report notification)		
For further informat	ion concerning this matte	er, please call:		
	J. GONZALEZ, ESQ. of Contact Person	at (305) 37 Area Code & Daytime Tele	74-4343	
		t made payable to the Florida Depart		
□\$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 Ade Amendment Division of O P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	!	

Articles of Amendment Articles of Incorporation

SUPER PAELLAS CORP

P06000037078

	Articles of Amendment	•	
	to	•	
	Articles of Incorporation	7,	. 11 -
•	of		JUI
SUPER F	PAELLAS CORP	The state of the s	9 PM .
(Name of Corporation as curr	ently filed with the Florida	Dept. of State)	TUL 9 PM 3
POF	6000037078	•	TOSEE. FISING
- to the second	mber of Corporation (if know	n) '	4.0/17
uant to the provisions of section 607.100 ndment(s) to its Articles of Incorporation:	6, Florida Statutes, this <i>Flo</i> e	rida Profit Corporation	adopts the folk
f amending name, enter the new name o	f the corporation:		
)	The new
ncipal office address <u>MUST BE A STREE</u>	<u>ET ADDRESS</u>) 		
Enter new principal office address, if app incipal office address MUST BE A STREE			
		• •	
	•	•	
	-	<u> </u>	
		d	
			
Enter new mailing address, if applicable (Mailing address <u>MAY BE A POST OFFI</u>			
	CE BOX)	Florida, enter the nam	e of the
Mailing address MAY BE A POST OFFICE If amending the registered agent and/or 1 new registered agent and/or the new registered Agent:	registered office address in stered office address:	1	e of the
Mailing address MAY BE A POST OFFICE If amending the registered agent and/or a new registered agent and/or the new regis	CE BOX)	1	e of the
Mailing address MAY BE A POST OFFICE of amending the registered agent and/or new registered agent and/or the new registered Agent:	registered office address in stered office address: (Florida street add	dress)	e of the
Mailing address MAY BE A POST OFFICE f amending the registered agent and/or a new registered agent and/or the new registered Agent: Name of New Registered Agent:	registered office address in stered office address:	dress)	e of the
Mailing address MAY BE A POST OFFICE If amending the registered agent and/or new registered agent and/or the new registered Agent: Name of New Registered Agent: New Registered Office Address:	registered office address in stered office address: (Florida street address)	dress)	e of the
If amending the registered agent and/or new registered agent and/or new registered agent and/or the new registered Agent: Name of New Registered Agent: New Registered Office Address: Registered Agent's Signature, if changing	registered office address in stered office address: (Florida street address) (City) ng Registered Agent:	dress), Florida (Zip Code)	
Mailing address MAY BE A POST OFFICE If amending the registered agent and/or new registered agent and/or the new registered Agent: Name of New Registered Agent: New Registered Office Address:	registered office address in stered office address: (Florida street address) (City) ng Registered Agent:	dress), Florida (Zip Code)	

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.	<u>Name</u>	<u>Address</u>	Type of Action
<u>VP</u>	MARCANO, CARLOS	10720 NW 58 STREET DORAL, FLORIDA 33178	
			
	***************************************		∴
E. If amend	ling or adding additional Articles, enditional sheets, if necessary). (Be specified)	nter change(s) here:	·
- (ш.асл. ца	interior species, if necessary, the sp	<i>receiptey</i>	·
	W ST-star Avenue		
 			
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F. <u>Ifan am</u>	endment provides for an exchange,	reclassification, or cancellation of	issued shares,
<u>provisio</u>	ns for implementing the amendmen of applicable, indicate N/A)	t if not contained in the amendmen	t itself:
(9 ///	n applicatie, malcale (VA)		•
	1. 1994 - 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		
			· ;
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The date of each amendmen	t(s) adoption: JULY 1, 2010	
Effective date <u>if applicable</u> :	JULY 1, 2010 (date of adoption is required	
• **	(no more than 90 days after amendment file da	nte)
Adoption of Amendment(s)	(CHECK ONE)	
	ere adopted by the shareholders. The number of ere sufficient for approval.	votes cast for the amendment(s
	ere approved by the shareholders through voting ged for each voting group entitled to vote separate	
"The number of votes	cast for the amendment(s) was/were sufficient for	or approval
by	.,,	
	(voting group)	ı
action was not required.	re adopted by the board of directors without share re adopted by the incorporators without sharehold	i
action was not required.		
Dated_JUL . Signature _	Y 1, 2010	1
(By	a director, plesident or other officer if director ected, by an incorporator – if in the hands of a re- cointed fiduciary by that fiduciary)	
	JAVIER DOMINGUEZ	ı
	(Typed or printed name of person s	signing)
	PRESIDENT	
	(Title of person signing)	