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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6380

From: Account Name : PAUL SALVER, P.A.
Account Number : I20020000087
Phone : (954) 389-1333
Fax Number : (954) 389-1397

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 AUG 24 AM 10:00

COR AMND/RESTATE/CORRECT OR O/D RESIGN

SUI WORLDWIDE SUPPLIES, INC.

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$43.75

Amend

Electronic Filing Menu

Corporate Filing Menu

Help



August 24, 2009

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SUI WORLDWIDE SUPPLIES, INC.
201 ALHAMBRA CIRCLE SUITE 711
CORAL GABLES, FL 33134

SUBJECT: SUI WORLDWIDE SUPPLIES, INC.
REF: P08000082285

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

Please check type of action for officer/director.

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. #: E09000187533
Letter Number: 309A00028517

RECEIVED
2009 AUG 24 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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>
PD	Escarra, Maria V	2645 Executive Park Drive #132-3 Weston, FL 33331	<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

Please change the mailing address
 of Officer Maria V Escarra as shown
 above.

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)

The date of each amendment(s) adoption: 8/18/09

(date of adoption is required)

Effective date if applicable: 8/18/09

(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.

X Dated 08/24/09

X Signature _____

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

X MARIA VERONICA ESCOBAR
(Typed or printed name of person signing)

X PRESIDENT
(Title of person signing)