

PO8000086631

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

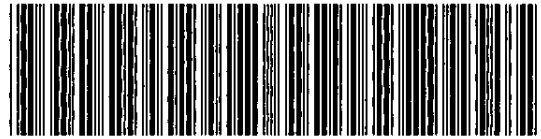
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Corrected document
by telephone call
JA 3/11/09

Office Use Only



700141437087

01/23/09--01048--019 **35.00

Amend

FILED
09 MAR 11 PM 4:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Roberts MAR 11 2009



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 2, 2009

JULIA NAVARRO
SAPOARA CORPORATION
8850 FONTAINBLEAU BLVD 305
MIAMI, FL 33172

SUBJECT: SAPOARA CORPORATION
Ref. Number: P08000086631

We have received your document for SAPOARA CORPORATION and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.


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

Letter Number: 409A00003630

RECEIVED
2009 MAR 11 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA


Julia Navarro
SAPOARA CORPORATION
8850 Fontainebleau Blvd 305
Miami FL, 33172

P.O. Box 6327
Tallahassee, FL 32314
Amendment Section
Division of Corporations

3/4/2009

Dear Tina Roberts

As per our last conversation, I am sending the form you have instructed me to send in order to assign the officer to SAPOARA Corporation as the following:

PRESIDENT: ADOLFO NAVARRO

VICEPRESIDENT: JULIA NAVARRO

SECRETARY/TREASURER: IRMA ADRIAN

The \$35 fee was previously sent when the wrong form was filed.

Thanks very much for all your assistance


Julia Navarro
SAPOARA CORPORATION
(786-499-7826)

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: SAPOARA CORPORATION

DOCUMENT NUMBER: 1

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

Please return all correspondence concerning this matter to the following:

JULIA NAVARRO
(Name of Contact Person)

SAPOARA CORPORATION
(Firm/ Company)

8850 FONTAINEBLEAU BLVD 305
(Address)

MIAMI FL, 33172
(City/ State and Zip Code)

For further information concerning this matter, please call:

JULIA NAVARRO at (786) 499-7826
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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

Articles of Amendment
to
Articles of Incorporation
of

SAPOARA CORPORATION

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

P08000006631

(Document Number of Corporation (if known))

FILED
09 MAR 11 PM 4:08
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:

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**)

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

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: _____

New Registered Office Address: _____

(Florida street address)

_____, Florida
(City) (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>
PRESID <input checked="" type="checkbox"/>	ADOLFO NAVARRO	8850 Fontainebleau Blvd 305 Miami FL, 33172	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
VICEPR <input checked="" type="checkbox"/>	JULIA NAVARRO	8850 Fontainebleau Blvd 305 Miami FL, 33172	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
SECRET <input checked="" type="checkbox"/> / T	IRMA ADRIAN	8850 Fontainebleau Blvd 305 Miami FL 33172	<input checked="" 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)

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: 3-4-09

Effective date if applicable: _____
(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 03/04/09

Signature Julia Navarro
(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)

JULIA NAVARRO
(Typed or printed name of person signing)

VICEPRESIDENT
(Title of person signing)