

P110000024299

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

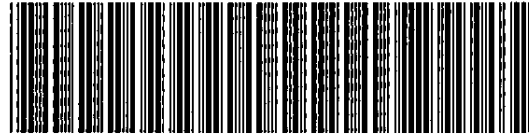
(Business Entity Name)

(Document Number)

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09/12/11--01016--028 **35.00

PAID STATE
TREASURY OF
DIVISION OF CORPORATIONS
11 SEP 12 PM 2:43

Amend
@ 9/15/11

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: SURE BUSINESS CORP

DOCUMENT NUMBER: P11000024299

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

Please return all correspondence concerning this matter to the following:

MIRIAM POGGIO

Name of Contact Person

SURE BUSINESS CORP

Firm/ Company

2127 BRICKELL AVE #1204

Address

MIAMI, FL 33129

City/ State and Zip Code

POGGIO.M@ME.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MIRIAM POGGIO

Name of Contact Person

at (786)

356-2610

Area Code & Daytime Telephone Number

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

☒ \$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 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

SURE BUSINESS CORP

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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>
VP,D	TERESA GALLO	27682 SW 143 CT HOMESTEAD, FL 33032	☐ Add ☒ Remove
			☐ Add ☐ Remove
			☐ Add ☐ 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: AUGUST 25, 2011

Effective date if applicable: AUGUST 25, 2011
(date of adoption is required)
(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

09/7/11

Signature

[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)

MIRIAM POGGIO

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)