## P100079437

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
(5	. <b>,</b> ,	,
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
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MAR 29 2012 T. LEMIEUX

## **COVER LETTER**

TO: Amendment Section **Division of Corporations** 

NAME OF CORPOR	ATION: SUPREME	WOOD FLOOF	R INC
DOCUMENT NUMB	ER: P1100007943	7	
	of Amendment and fee are su		
	pondence concerning this ma		
	EDUARDO SOSA	^	
	LDUANDO 303/		
	• • • • • • •	Name of Contact Person	ive M
•	SUPREME U		
		Firm/ Company	<del>-</del>
	3182 SW 26 STF	REET	
		Address	
	MIAMI FL 33133		
		City/ State and Zip Cod	e
		only, state and hip eve	•
miri	am.sosa@yahoo	.com	
<u>.</u>	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
EDUARDO S	SOSA	at (786	, 251-5058
Name o	of Contact Person		de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment 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)
Ame	ling Address Indiment Section Indiment Of Corporations	Ameno	Address Iment Section on of Corporations
P.O. Box 6327		Clifton	Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

## Articles of Amendment to Articles of Incorporation of

(Name of Corporation as	currently filed with the Florid	a Dept. of State)	
<b>P1100007</b> 9437			
(Documer	nt Number of Corporation (if kno	wn)	
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this <i>Flori</i>	ida Profit Corporation adopts the following a	umendment(s) to
A. If amending name, enter the new na	ime of the corporation:		
		7	The new
	ation "Corp," "Inc," or "Co".	"company," or "incorporated" or the abb A professional corporation name must co	
B. Enter new principal office address,		- viennikh	
(Principal office address MUST BE A S	TREET ADDRESS )		
	<del></del>		
	_		
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)			
(Matting dutiess MEAT DE A FOST)		,	
	_		
	_		
D. If amending the registered agent an	d/or registered office address i	n Florida, enter the name of the	
new registered agent and/or the new			
Name of New Registered Agent	EDUARDO SOSA		
	3182 SW 26 STRE	ET	
	(Florida street ad	idress)	
New Registered Office Address:	MIAMI	, <sub>Florida</sub> 33133	
How Register of Office Hadress.	(City)	(Zip Code)	
·			
Nime Charles and American State American	b to - D t- 4 4 4 4		
New Registered Agent's Signature, if c I hereby accept the appointment as regist		and accept the obligations of the position.	
Si	gnature of New Registered Agent	t, if changing	PA
			ţ N

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)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add X Remove	VP	MIRIAM SOSA	3184 SW 26 STREET MIAMI FLORIDA 33133
2) Change Add Remove	· ·		
3) Change Add Remove			
4) Change Add Remove	****		
5) Change Add Remove			
6) Change Add Remove	<del></del>	_	

ttach additional sheets, if necessary). (Be specific)			
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an amendment provides for an exchange, reclassification, or ca	ncellation of issued sha	res.	
rovisions for implementing the amendment if not contained in t (if not applicable, indicate N/A)	the amendment itself:		
(y noi appricame, maicule WA)			
			•
	<u> </u>		
		ton the state of t	

The date of each aracidment(s)	adoption: 01/01/2012
Effective date if applicable:	1/01/2012
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
■ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	pproved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes ca	st for the amendment(s) was/were sufficient for approval
by	(voting group)
action was not required.  □ The amendment(s) was/were a	dopted by the board of directors without shareholder action and shareholder dopted by the incorporators without shareholder action and shareholder
action was not required.  / Dated	03/5/12
selec	director, president or other officer – if directors or officers have not been sted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
	EDUARDO SOSA
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)