

P19000070574

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 24, 2021

THAMARA PEREZ
TABADESA ASSOCIATES
419 W 49 ST, STE 111
HIALEAH, FL 33012

SUBJECT: NORSUPPLIES CORP
Ref. Number: P19000070574

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

AN UPDATED AMENDMENT FORM PURSUANT TO SECTION 607.1006, FLORIDA STATUTES WAS REVISED FOR THE YEAR OF 2020 THROUGH LEGISLATIVE ACTION. PLEASE ENSURE THAT THIS UPDATED FORM IS USED FOR FUTURE CHANGES. PLEASE RESUBMIT THIS FORM ONLY.

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) 245-6050.

Susan Tallent
Regulatory Specialist II

Letter Number: 821A00004139

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: NORSUPPLIES CORP

DOCUMENT NUMBER: P19000070574

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

Please return all correspondence concerning this matter to the following:

THAMARA PEREZ

Name of Contact Person

TABADESA ASSOCIATES

Firm/ Company

419 W 49 ST, STE111

Address

HIALEAH, FL 33012

City/ State and Zip Code

tammyp@tabadesa.com

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

For further information concerning this matter, please call:

THAMARA PEREZ

Name of Contact Person

305

558-0622

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment
to
Articles of Incorporation
of

NORSUPPLIES CORP

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

P19000070574

(Document Number of Corporation (if known))

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)

1710:17
1710:17
1710:17
1710:17

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1710:17
1710:17
1710:17
1710:17

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 _____

(Florida street address)

New Registered Office 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

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

| | VP | CARLOS ECHEVARRI | 419 W 49th ST |
|--|----|------------------|-------------------|
| 1) <input type="checkbox"/> Change | | | STE 111 |
| <input type="checkbox"/> Add | | | |
| <input checked="" type="checkbox"/> Remove | | | HIALEAH, FL 33012 |
| 2) <input type="checkbox"/> Change | | | |
| <input type="checkbox"/> Add | | | |
| <input type="checkbox"/> Remove | | | |
| 3) <input type="checkbox"/> Change | | | |
| <input type="checkbox"/> Add | | | |
| <input type="checkbox"/> Remove | | | |
| 4) <input type="checkbox"/> Change | | | |
| <input type="checkbox"/> Add | | | |
| <input type="checkbox"/> Remove | | | |
| 5) <input type="checkbox"/> Change | | | |
| <input type="checkbox"/> Add | | | |
| <input type="checkbox"/> Remove | | | |
| 6) <input type="checkbox"/> Change | | | |
| <input type="checkbox"/> Add | | | |
| <input type="checkbox"/> Remove | | | |

(Attach additional sheets, if necessary). (Be specific)

(if not applicable, indicate N/A)

12/29/2020

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- ☒ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
- ☐ 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)"

Dated 12/29/2020 _____

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)

NORMA A SENDREA GARABOT

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)