

P96000082964

(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:

Office Use Only

Ana S. Stogest
AUTHORIZATION BY PHONE TO
CORRECT Doc to 607.1006
DATE can't sketch/adopt
DOC. EXAM _____



000095158590

03/30/07--01015--008 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2007 MAY 11 PM 4:06

Ps 5/11/07
Amend



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 2, 2007

ANA C SOROGASTUA
SUPRAINVEST USA, INC.
9100 S DADELAND BLVD #907
MIAMI, FL 33156

SUBJECT: SUPRAINVEST USA, INC.
Ref. Number: P96000082964

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

Amendments for Florida profit corporations are filed in compliance with section 607.1006, Florida Statutes. Please see the enclosed information.

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) 245-6957.

Pamela Smith
Document Specialist

Letter Number: 307A00022149

RECEIVED
07 MAY 11 AM 8:00
DIVISION OF CORPORATIONS

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: SUPRAINVEST USA, Inc.

DOCUMENT NUMBER: PA6000082964

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

Please return all correspondence concerning this matter to the following:

ANA C. SOROGASTUA

(Name of Contact Person)

SUPRAINVEST USA, Inc.

(Firm/ Company)

9100 S. DADELAND BLVD #907

(Address)

MIAMI, FL. 33156

(City/ State and Zip Code)

For further information concerning this matter, please call:

ANA C. SOROGASTUA

(Name of Contact Person)

at (305) 670-5188

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$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

Articles of Amendment
to
Articles of Incorporation
of

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2007 MAY 11 PM 4:06

SUPRAINVEST USA, INC.

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

P96000082964

(Document number of corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida* *For Profit*
Corporation adopts the following amendment(s) to its Articles of Incorporation:

NEW CORPORATE NAME (if changing):

(must contain the word "corporation," "incorporated," or the abbreviation "corp." or "inc." or words of like import in language; "Company" or "Co." may be used in the name of a for profit corporation)

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article
Number(s) and/or Article Title(s) being amended, added or deleted: (**BE SPECIFIC**)

DELETE OFFICER:

• WILFREDO VELEZ AS VICE PRESIDENT

ADD ADDITIONAL OFFICER:

DIEGO DOS SANTOS LARA - VICE PRESIDENT

9100 S. DADELAND BLVD. - STE 907

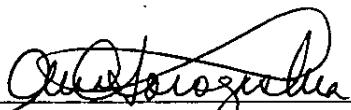
MIAMI, FL. 33156

The date of adoption of the amendment(s) was: MARCH 1, 2007

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 and the number of votes cast for the amendment was sufficient for approval.

Signature 
(By the chairman or vice chairman of the board, president or other officer- if directors have not been selected, by an incorporator- if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

ANA C. SOROGASTUA
(Typed or printed name of person signing)

DIRECTOR
(Title of person signing)

FILING FEE: \$35