

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H13000221524 3)))



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Division of Corporations

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From:

Account Name : GUZMAN & GUZMAN, P.A.

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**Buter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email	Address:	 	 	 	

COR AMND/RESTATE/CORRECT OR O/D RESIGN SUPRAINVEST USA, INC.

	
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10/08/2013 10:44

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October 7, 2013

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SUFFAINVEST USA, INC. 255 ALHAMBRA CIRCLE., SUITE 690 CORAL GABLES, FL 33134

SUBJECT: SUPRAINVEST USA, INC.

REF: P96000082964

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The current name of the entity is as referenced above. Please correct your document accordingly.

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.

Tina D Carter Regulatory Specialist FAX Aud. #: H13000221524 Letter Number: 113A00023424

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OFFICE OFFICE

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Articles of Amendment to Articles of Incorporation

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 <i>Florida Profit Corporation</i> adopts the following its Articles of Incorporation:	g amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the a "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must 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 of fice address: Name of New Registered Agent	SECRETARY O
(Florida street address)	5: 01 1: 2: 01 1: 2: 01
New Registered Office Address: Florida (City) (Zip Code)	ATE RIDA
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	

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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)

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

3056701993

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.

X Change	PI	John Doe	
X Remove	<u>v</u>	Mike Jones	
_X Add	<u>5V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	VPD	Diego Dos Santos Lara	255 ALHAMBRA CIRCLE
Add			SUITE 690
Remove			Coral Gables, FL 33134
2) Change	D	JAVIER TEJADA-VERA	255 ALHAMBRA CIRCLE
Add			SUITE 690
Remove			Coral Gables, FL 33134
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Romove			
6) Change			
Add	<u> </u>		
Remove			

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)	
<u></u>		
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	hange, recinssification, or cancellation of issued shares, endment if not contained in the amendment itself:	

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The date of each amendment date this document was signed	қы жафриоп; <u>————————————————————————————————————</u>		_ if other than the
Effective date if applicable:	10/4/2013		
	(no more i	han 90 days after omendment file date)	
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/ve by the shareholders was/w		The number of votes cast for the emendment(s)	
		ns through voting groups. The following statement ed to vote separately on the amendment(s)	
	s cast (b) the amendment(s) wa	astwore sufficient for approval	
by	(voting group)	35	
	(voting graup)		
The amendment(s) was we settled was not required	re adopted by the board of dire	actors without shurcholdes action and shareholder	
The amendment(s) was/we action was not required	cadepted by the incorporator	s without shureholder action and shareholder	
Duted_10/4	7013	- A-	
Signature	100000		
St	ly a disector, president or other elected, by an incorporator - if populated ficuciary by that fidu	r office: — if directing on officers have not been fin the hands of a receiver, trustee, or other count ciary)	_
	ROBERT A PARK	A	
	(Туре	d on printed name of person signing)	-
	Peeside	st	
		(Title of person signing)	-

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