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To:

Division of Corporations

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From:

Account Name : TAXPLACE CORP. Account Number : I20050000203

Phone

: (772)460-1000

Fax Number

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COR AMND/RESTATE/CORRECT OR O/D RESIG

FLORIDA GOLDEN SERVICES, CORP.

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: FLORI	DA GOLDEN SERVICES, CORP.
DOCUMENT NUMBER: P05000138966	
The enclosed Articles of Amendment and for	ee are submitted for filing.
Please return all correspondence concerning	g this matter to the following:
. (CLAUDIO RIBEIRO
(N	ame of Contact Person)
	TAXPLACE CORP
	(Firm/Company)
27	21 S. US 1 SUITE # 9
	(Address)
Į	Fort Pierce, FL 34982
	ity/ State and Zip Code)
For further information concerning this ma	tter, please call:
CLAUDIO RIBEIRO	at (<u>772</u>) <u>460-1000</u>
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amou	mt:
■ \$35 Filing Fee ■ \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & S52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) (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

(((H06000266803 3)))

Articles of Incorporation of

FLORIDA GOLDEN SERVICES, CORP.

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

P05000138966	
(Document number of corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Coadopts the following amendment(s) to its Articles of Incorporation:	orporation
NEW CORPORATE NAME (if changing):	
(Must contain the word "corporation," "company", "or incorporated" or the abbreviation "Corp.," "Inc., (A professional corporation must contain the word "chartered", "professional association," or the abbreviation absociation, or the abbreviation of the abbreviation of the abbreviation must contain the word "chartered", "professional association," or the abbreviation absociation, or the abbreviation of the abbreviation of the abbreviation "Corp.," "Inc., "Inc.	
and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)	Number(s)
ARTICLE VII - THE NEW OFFICERS AND DIRECTORS OF THE CORPORATION ARE:	
Name: Mario P Frossard	fiel,
Address: 2901 Sw Varsity Ln., Port St lucie, Fl 34953	iste -
Title: President-Director	
Shares: 100%	
W. C	
was a second sec	
(Attach additional pages if necessary)	
It an amendment provides for exchange, reclassification, or cancellation of issued shares, for implementing the amendment if not contained in the amendment itself: (if not applicable, if	provisions indicate N/A)
4 204 (2004) (((((((((((((((((((

(continued)

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The date of each amendment(s) adoption: 11/1/06
Effective date if applicable: 11/1/06
(no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were approved 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.
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)
Mario P Frossard (Typed or printed name of person signing)
President/Director
(Title of person signing)

FILING FEE: \$35