

Electronic Filing Cover Sheet

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(((H060002661963)))



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To:

Division of Corporations

Fax Number : (850)205-0380

8: 00 (V)	Account Name : TAXPLACE CORP. Account Number : I20050000203 Phone : (772)460-1000 Fax Number : (772)460-7973 COR AMND/RESTATE/CORRECT OR O/D I			
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Electronic Filing Menu

Corporate Filing Menu

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11/1/2006

TAXPLACE CORP

(((H06000266196 3)))

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORE	PORATION: STAR TILI	E & CARPET, INC.	
DOCUMENT NU	MBER: P02000027596		<u> </u>
The enclosed Artic	les of Amendment and fee ar	e submitted for filing.	
Please return all co	errespondence concerning this	s matter to the following:	
	CLAU	DIO RIBEIRO	
	(Name o	of Contact Person)	
	TAX	PLACE CORP	
. ——"	(Fir	m/ Company) ·	
	2721 S.	US 1 SUITE # 9	
		(Address)	
		ierce, FL 34982	
For further inform	City/ S) ation concerning this matter,	tate and Zip Code) please call:	
	,	•	
	LAUDIO RIBEIRO e of Contact Person)		-1000 c Telephone Number)
,	k for the following amount:	(112 4) 11 11 11 11	
⊠\$ 35 Filing Fee	S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing A Amendme	nt Section	Street Address Amendment Section	
Division o P.O. Box 6	f-Corporations 5327	Division of Corporations Clifton Building	j
Tallahasse	e, FL 32314	2661 Executive Center C	Circle

772-402-4520-88

TAXPLACE CORP (((H06000266196 3)))

Articles of Amendment to Articles of Incorporation of FILED

OF NOV - 1 AM 9: 04

SECRETARY OF STATE:

TALLAHASSEE, FLORIDA

STAR TILE & CARPET, INC.

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

P02000027596

(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:
NEW CORPORATE NAME (if changing):
(Must contain the word "corporation," "company", "or incorporated" or the abbreviation "Corp.," "Inc.," or "Co.") (A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")
AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)
ARTICLE V - LOCATION / PRINCIPAL AND MAILING ADDRESS:
The New principal place of business is:
4621 Eldrow Ave., North Port, Florida 34286
The New mailing address of business is:
4621 Eldrow Ave., North Port, Florida 34286
ARTICLE VI - SHAREHOLDER / ADDRESS:
Name: Jose Ismael Da Silva
Address: 4621 Eldrow Ave., North Port, Florida 34286
(Attach additional pages if necessary)
It an amendment provides for exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)
(continued)

11/01/2006 04:49 772-402-4520-88 TAXPLACE CORP (((H06000266196 3)))

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)
Ismael Jose da Silva (Typed or printed name of person signing)
President/Director
(Title of person signing)

FILING FEE: \$35