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772-460-1000 88

TAXPLACE CORP

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Division of Corporations

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**Florida Department of State**  
**Division of Corporations**  
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To:

Division of Corporations  
Fax Number : (850)205-0380

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Account Name : TAXPLACE CORP.  
Account Number : I20050000203  
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**COR AMND/RESTATE/CORRECT OR O/D RESIGN**

**SILVA'S GENERAL SERVICES, CORP.**

Certificate of Status	0
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COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: SILVA'S GENERAL SERVICES, CORP.DOCUMENT NUMBER: P02000124949The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Claudio Ribeiro  
(Name of Contact Person)

Taxplace Corp.  
(Firm/ Company)

2721 S US. 1 Suite 9  
(Address)

FORT PIERCE, FL 34982  
(City/ State and Zip Code)

For further information concerning this matter, please call:

Claudio Ribeiro at ( 772 ) 460-1000  
(Name of Contact Person) (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

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Articles of Amendment  
to  
Articles of Incorporation  
of

**SILVA'S GENERAL SERVICES, CORP.**

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

P02000124949

(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 VII - THE NEW OFFICERS AND DIRECTORS OF THE CORPORATION ARE:**

Name: Antonio P. Da Silva

Address: 6855 NW Jorgensen Rd., Port St Lucie, FL 34983

Title: President/Director

Shares: 80%

Name: Elaine C. Da Silva

Address: 6855 NW Jorgensen Rd., Port St Lucie, FL 34983

Title: Vice-President/Director

Shares: 10%

Name: Jose Hugo Garcia

Address: 1950 20th Ave., Vero Beach, FL 32960

Title: Director

Shares: 10%

(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)

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The date of each amendment(s) adoption: 08/11/2006

Effective date if applicable: 08/11/2006  
(no more than 90 days after amendment file date)

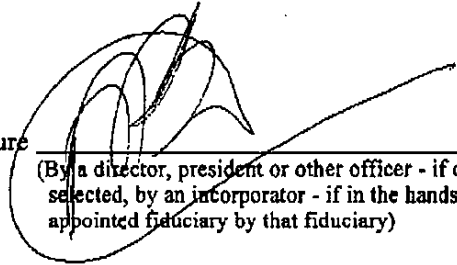
Adoption of Amendment(s) **(CHECK ONE)**

- ☐ 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)

Antonio P da Silva  
(Typed or printed name of person signing)

President / Director  
(Title of person signing)

**FILING FEE: \$35**