Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H09000184139 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name

: EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146

: (305)444-4994

Fax Number

: (305)444-4977

COR AMND/RESTATE/CORRECT OR O/D RESIGN

SOUTHLAND USA, INC.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

FILED

Articles of Amendment to Articles of Incorporation of 2009 AUG 18 PM 2: 48

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Signature of New Registered Agent, if changing

AND USA.	INC.	- Low My
)
3000006717		
	ion (if known)	
6, Florida Statut	es, this <i>Florida Profit Co</i>	rporation adopts the following
f the corporatio	<u>n:</u>	
		The new
e designation "Ç	orp," "Inc," or "Co". A	professional corporation
olicable;	7166 NW 50TH ST	
<u>ST ADDRESS</u>)	MIAMI FL 33166	
	.•	
EL ICE BOX)	7166 NW 50TH ST	
	MIAMI FL 33166	· • • • • • • • • • • • • • • • • • • •
registered office istered office ad	address in Florida, enter dress:	the name of the
7166 NW 50	TH ST	
(Flor	ida street address)	
MIAMI		Florida 33166
(City)		
ing Registered A agent. I am fam	gent: iliar with and accept the ob	ligations of the position.
	ently filed with a 1000006717 mber of Corporation of Florida Status of the corporation of the word "corporation of the wo	niber of Corporation (if known) 6, Florida Statutes, this Florida Profit Conference of the corporation: the word "corporation," "company," or a designation "Corp," "Inc," or "Co". A offessional association," or the abbreviation of the abbreviation of the state of the corporation of

1,

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)

Title	Name	Address	Type of Action
PSD	JOEL LA ROSA	8578.NW 61 STREET MIAMI FL 33166 US	
<u>V/T</u>	LUIZ C. DA SILVA	8578 NW 61 STREET MIAMLEL 33166 US	□ Add □ Remove
<u>PSD</u>	LUIZ C. DA SILVA	7166 NW 50TH ST MIAMI FL 33166	☑ Add ☑ Remove
E. If amen (attach a	ding or adding additional Articles additional sheets, if necessary). (B	e specific)	
	· · · · · · · · · · · · · · · · · · ·		· ···
,			
provisi	mendment provides for an exchanions for implementing the amendment applicable, indicate N/A)	ge. reclassification, or cancellation of tent if not contained in the amendmen	issued shares, at itself:

The date of each amendment(s) adoption: 08-18-09			
• • • • •	(date of adoption is required)		
Effective date if applicable:	more than 90 days after amendment file date)		
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were ac by the shareholders was/were s	lopted by the shareholders. The number of votes cast for the amendment(s ufficient for approval.		
	oproved by the shareholders through voting groups. The following statement 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	n		
(Vo.	ting group)		
The amendment(s) was/were ac action was not required.	lopted by the board of directors without shareholder action and shareholder		
The amendment(s) was/were ac action was not required.	lopted by the incorporators without shareholder action and shareholder		
Dated 08-18-0	Dalla		
	rector, 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		
· sphore	ed fiduciary by that fiduciary)		
· •	COUNTY C. DA SILVA (Typed or printed name of person signing)		
	PRESIDENT		
	(Title of person signing)		