

12/25/2006 22:50

772-462-4520-88

TAXPLACE CORP

PAGE 01

Division of Corporations

Page 1 of 1

**Florida Department of State**  
**Division of Corporations**  
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**COR AMND/RESTATE/CORRECT OR O/D RESIGN**

**A. F. TILE, CORP.**

Certificate of Status	0
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 TALLAHASSEE, FLORIDA

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10/26/2006

Amend

((H06000261326 3)))

COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: A. F. TILE, CORP.

DOCUMENT NUMBER: P05000067093

The 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

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Certified Copy  
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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

**A. F. TILE, CORP.**

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

P05000067093

(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)**

**Name: Alair F Silva****Address: 215 Mades Dr Fort Pierce, FL 34947****Title: President-Director****SHARES: 50%****Name: Kim da Silva****Address: 215 Mades Dr Fort Pierce, FL 34947****Title: Vice President-Director****SHARES: 40%****Name: Manoel G Silva****Address: 215 Mades Dr Fort Pierce, FL 34947****Title: Director****SHARES: 10%**

(Attach additional pages if necessary)

If 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: 10/18/2006Effective date if applicable: 10/18/06  
(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

\* Alair F. da Silva

(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)

Alair F Silva

(Typed or printed name of person signing)

President/Director

(Title of person signing)

FILING FEE: \$35