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To:

Division of Corporations

Fax Number

: (850)205-0380

From:

Account Name

: REYNALDO H. GRINSTEIN

Account Number: I20040000171

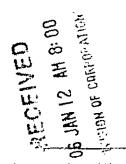
: (904)779-2777

Phone Fax Number

: (904)779-5088

COR AMND/RESTATE/CORRECT OR O/D RESIGN

ITAPURANGA INC



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1/12/2006

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(#060000100523)

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: ITPURANGA INC			
DOCUMENT NUMBER: P05000144688			
The enclosed Articles of Amendment and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
REYNALDO GRINSTEIN	!		
(Name of Contact Person)			
ARMOR INSURANCE AGENCY			
(Firm/ Company)			
2631-A JAMMES RD			
	(Address)		
JACKSONVILLE FLORIDA			
(City/ State and Zip Code) For further information concerning this matter, please call:			
REYNALDO GRINSTEIN	at (904) 779-2777		
(Name of Contact Person)	(Arca Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:			
☑ \$35 Filing Fee	□\$43.75 Filing Fee & □\$52.50 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

ITAPURANGA INC

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

of

P05000144688

(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)			
ADD:CLEILO ANTONIO DE OLIVEIRA,PRESIDENT,3355 CLAIRE LN ,SUITE 109 JACKSONVILLE,FL 32223			
CHANGE:CLERIO A DE OLIVEIRA, FROM PRESIDENT TO VICE-PRESIDENT			
(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/			
(continued)			
(H060000100523)			
(Hoparo,)			

(#0600001005Z3)

The date of each amen	dment(s) adoption: 01-07-2006
Effective date if applic	able: 01-12-2006
	(no more than 90 days after amendment file date)
Adoption of Amendme	ent(s) (CHECK ONE)
	ent(s) was/were approved by the shareholders. The number of votes cast for ent(s) by the shareholders was/were sufficient for approval.
following sta	ent(s) was/were approved by the shareholders through voting groups. The tement must be separately provided for each voting group entitled to vote in the amendment(s):
"The num	ther of votes east for the amendment(s) was/were sufficient for approval by
	(voting group)
	ent(s) was/were adopted by the board of directors without shareholder action der action was not required.
	ent(s) was/were adopted by the incorporators without shareholder action and action was not required.
Signature	Olin Julian Olinia (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)
	CLERIO ANTONIO DE OLIVEIRA
	(Typed or printed name of person signing)
	VICE-PRESIDENT
	(Title of person signing)

FILING FEE: \$35

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