

Florida Department of State

Division of Corporations Public Access System

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A CONTROL OF THE CORPORATION OF

Division of Corporations

: (850)205-0380 Fax Number

From:

: TAXPLACE CORP. Account Name Account Number : I20050000203 Phone (772) 460-1000 : (772)460-7973 Fax Number

COR AMND/RESTATE/CORRECT OR O/D RESIGN

PORTOFINO STONES, CORP.

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1/4/2007

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF COR	PORATION: PORTOFI	NO STONES, CORP.	
DOCUMENT NU	JMBER: <u>P06000080904</u>		
The enclosed Artic	cles of Amendment and fee as	re submitted for filing.	
Please return all c	orrespondence concerning thi	s matter to the following:	·
·	CLAU	JDIO RIBEIRO	
	(Name	of Contact Person)	
		1,	
	. TAX	PLACE CORP	
***************************************		rm/ Company)	
•	2721 \$. US 1 SUITE#9	
<u></u>		(Address)	
	: .	,	
	r i Fam T	lierce, FL 34982	
		tate and Zip Code)	
T 6 4 1 6			
For further inform	ation concerning this matter,	please cail:	
	•		
	LAUDIO RIBEIRO	at (<u>772</u>) <u>460</u>	-1000
(Nam	e of Contact Person)	(Area Code & Daytin	ne Telephone Number)
Enclosed is a chec	k for the following amount:		
X\$35 Filing Fee	S43.75 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)
P.O. Box 6	-Corporations	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center (Tallahassee, FL- 32301	

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Articles of Amendment to Articles of Incorporation of

PORTOFINO STONES, CORP.

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

		6000080904	->		
	(Document number	er of corporation (if know	n)		
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):					
AMENDMENTS ADO and/or Article Title(s) b	PTED- (OTHER THAT being amended, added or	N NAME CHANGE) : deleted: <u>(BE SPECIF</u>	Indicate Article <u>IC)</u>	Number(s)	
ARTICLE VII - THE NEV	V OFFICERS AND DIREC	TORS OF THE CORPO	RATION ARE:	. Y., . 1.	
Name: Rafael C Sanchez				Tay of a Mayor	
Address:954 29th St Palm	City,FL 34990			\$4 5 m 1.	
Title: President	e	*.	FO (-0.000 - 1.2)	ASE O	
Shares:100%	or a residence of			ES .	
000-00-000 No. 10-00-00-00-00-00-00-00-00-00-00-00-00-0			1 100 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ASS.	
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It an amendment provide for implementing the am	(Attach additi- es for exchange, reclassif endment if not contained	onal pages if necessary) fication, or cancellation	n of issued shares lf: (if not applicable,	, provisions indicate N/A)	
It an amendment provide for implementing the am	es for exchange, reclassif	onal pages if necessary) fication, or cancellation	n of issued shares lf: (if not applicable,	, provisions indicate N/A)	
It an amendment provide for implementing the am	es for exchange, reclassif	onal pages if necessary) fication, or cancellation	n of issued shares lf: (if not applicable,	, provisions indicate N/A)	

(continued)

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The date of each amendment(s) adoption: 01/03/2007
Effective date if applicable: 0	1/03/2007
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
	was/were approved by the shareholders. The number of votes cast for y the shareholders was/were sufficient for approval.
	was/were approved by the shareholders through voting groups. The must be separately provided for each voting group) entitled to vote nendment(s):
"The number of	votes cast for the amendment(s) was/were sufficient for approval by
	(voting group)
	was/were adopted by the board of directors without shareholder actio on was not required.
The amendment(s) shareholder action v	was/were adopted by the incorporators without shareholder action an was not required.
	. · · · · · · · · · · · · · · · · · · ·
Signature * 14	Kul/Minl
(By s/d select	lirector, president or other officer - if directors or officers have not been ed. by an incorporator - if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)
	Rafael C Sanchez
	(Typed or printed name of person signing)
	President
****	(Title of person signing)

FILING FEE: \$35