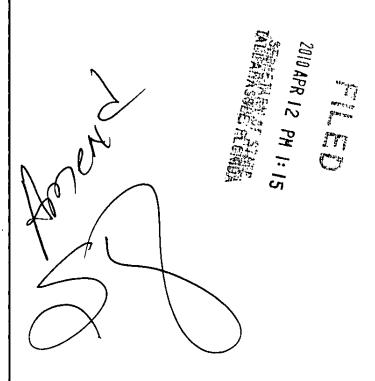
HO 6000137687

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
		:
	Office Use Or	nly).
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORP	ORATION:	S: GALO PAVERS, INC.	
DOCUMENT NU	MBER:	P06000137689	
The enclosed Artic	les of Amendment and fee	are submitted for filing.	
Please return all co	rrespondence concerning th	is matter to the following:	
		IA M. CALDAS-LOPES	
	1	Name of Contact Person	
	MADE IN BRAZIL INSU	RANCE AND SERVICES AGEN	CY, INC
		Firm/ Company	
	2301 FC	OWLER STREET SUITE 3	
		Address	
	FORT	ANTERO EL ORIDA 22004	
		MYERS, FLORIDA 33901 City/ State and Zip Code	
	MADEINBRAZILS E-mail address: (to be us	SERVICES@HOTMAIL.COM ed for future annual report notification)	
For further informa	ation concerning this matter	, please call:	
	M. CALDAS-LOPES of Contact Person	at (239) 931 Area Code & Daytime Telep	l-6079
Enclosed is a checl	k for the following amount	made payable to the Florida Departm	nent of State:
☑ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	State of the control	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
P.O. Box 6	nt Section Corporations	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

Articles of Amendment to Articles of Incorporation

•	Articles of A	mendment	A. J.
	to Auticles of Inc	noun quation	2n, " L
	Articles of Inc	•	APP
CAL			M 2 p
(Name of Corporation as c	O PAVERS, II urrently filed with		20/0 APR 12 PM 1: 15
P	06000137689)	
(Document)	Number of Corpora	tion (if known)	
Pursuant to the provisions of section 607. umendment(s) to its Articles of Incorporation		ntes, this <i>Florida</i> A	Profit Corporation adopts the following
A. If amending name, enter the new nam	e of the corporation	on:	
	N/A		The new
3. Enter new principal office address, if Principal office address <u>MUST BE A STF</u>		<u>N/A</u>	
C. Enter new mailing address, if applica (Mailing address MAY BE A POST OF		N/A	
D. If amending the registered agent and/ new registered agent and/or the new in Name of New Registered Agent:			da, enter the name of the
Hame of Her Acquisicrea Agem.			
New Registered Office Address:	N/A (Flor	ida street address)	
·	N/A		, Florida_ N/A
	(City))	(Zip Code)
New Registered Agent's Signature, if cha hereby accept the appointment as register	ed agent. I am fam	iliar with and acce	
•	Signature of New	Registered Agent	if changing

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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>VP</u>	ALCENIR D. CUNHA	5655 10TH AVE FORT MYERS FL 33907	☐ Add ☐ Remove
			☐ Add☐ Remove
			Add Remove
	ig or adding additional Articles, enter of itional sheets, if necessary). (Be specificational sheets)		
provision (if not	ndment provides for an exchange, reclosed for implementing the amendment if napplicable, indicate N/A)		
<u>N/A</u>			

The date of each amendmen	t(s) adoption: <u>0</u> 4	4/03/2010
Effective date <u>if applicable</u> :	04/03/2010	(date of adoption is required)
	(no more than S	90 days after amendment file date)
Adoption of Amendment(s)	(CH	IECK ONE)
The amendment(s) was/we by the shareholders was/w		e shareholders. The number of votes cast for the amendment(s) approval.
		ne shareholders through voting groups. The following statement group entitled to vote separately on the amendment(s):
"The number of votes	cast for the amen	ndment(s) was/were sufficient for approval
by		,,,
	(voting group)	
action was not required.		e board of directors without shareholder action and shareholder incorporators without shareholder action and shareholder
action was not required.	ne adopted by the	
Dated 04/0)3/2010	
sel	y a director, presidented, by an incorporated fiduciary	dent or other officer – if directors or officers have not been porator – if in the hands of a receiver, trustee, or other court
		EDISON M. OLIVEIRA
	(Ту	ped or printed name of person signing)
		PRESIDENT
	(Title o	of person signing)