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AMend

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: COSTA FAMIL	Y GENERAL SERVICES, INC	
DOCUMENT NUMBER: P07000025568		
The enclosed Articles of Amendment and fee are	e submitted for filing.	
Please return all correspondence concerning this	s matter to the following:	
	MARCO REIS	
. Na	ame of Contact Person	
USA	TAX CORPORATION Firm/ Company	
	·	
The second second	591 E SAMPLE RD	
	Address	
	ANO BEACH, FL 33064	
	tyl State and Zip Code	
E-mail address: (to be		
	used for future annual report notification	ou)
For further information concerning this matter,	please call:	
_		
MARCO REIS Name of Contact Person	at (<u>954</u>) <u>788-1818</u> Area Code & Daytime Tel	ephone Number
Enclosed is a check for the following amount m	· ·	
\$35 Filing Fee \$ Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailin Address	Street Address	
Amendment Section	Amendment Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circl	e
i ananassee, i is 32317	Tallahassee, FL 32301	•

Articles of Amendment to **Articles of Incorporation** of

COSTA FAMILY GENERAL SERVICES, INC

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

lowing

(Document Number Pursuant to the provisions of section 607.1006, Immendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the same must be distinguishable and contain the subbreviation "Corp.," "Inc.," or "Co.," or the desmust contain the word "chartered," "professional contains the word "chartered,"	Florida Statutes, e cori3oration: word "corporatio	this <i>Florida I</i>	." or "incorporate	The ne
mendment(s) to its Articles of Incorporation: . If amending name, enter the new name of the name must be distinguishable and contain the pobreviation "Corp.," "Inc.," or "Co.," or the des	e cori3oration: word "corporatio	n," "company "Inc." or "Co"	." or "incorporate	The ne
ame must be distinguishable and contain the observiation "Corp.," "Inc.," or "Co.," or the des	word "corporatio	"Inc." or "Co"	," or "incorporate	
obreviation "Corp.," "Inc.," or "Co.," or the des	ignation "Corp."	"Inc." or "Co"	," or "incorporate	
bbreviation "Corp.," "Inc.," or "Co.," or the des	ignation "Corp."	"Inc." or "Co"	," or "incorporate	-111 11
, ,		or the abbrevi	. A professional c ation "P.A."	or the corporation na
. Enter <u>new principal office address, if applic</u>	able:			
Principal office address MUST BE A STREET	ADDRESS)			
	_	<u> </u>		
	<u></u>			
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BOX)</u>			
<u> </u>				
A seemen a alternative and a seemen at	-		.	
D. If amending the registered agent and/or registered registered agent and/or the new registered Name of the New Registered Agent:	istered office addres	dress in Florid ss:	da, enter the nam	e of the
trame of the New Registered Agent.		<u> </u>	<u> </u>	
New Registered Office Address:	'. (Florida .	street address)		
and the state of t	,	·	, Florida_	
	(City)		(Zip Code)	
ew Registered Agent's Signature, if changing	Registered Agen	<u>it:</u>	÷	
hereby accept the appointment as registered age	nt. I am familiar	with and acce	pt the obligations	of the position
,				
_	nature of New Res	gistered Agent	, if changing	
the state of the s				••
	Dogg 1 of 2			. = .
\$	Page 1 of 3			er en r

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>D</u> '	SILVA, WELLINGTON	6161 NW 2ND AVE APT 41 BOCA RATON, FL 33487-3	
			☐ Add ☐ Remove
			Add Remove
E. If amend (attach ad	ing or adding additional Articles, end ditional sheets, if necessary). (Be spe	ter change(s) here: cific)	•
	2	:	
provisio	endment provides for an exchange, rens for implementing the amendment of applicable, indicate N/A)	eclassification, or cancellation of if not contained in the amenda	of issued shares, nent itself:
***************************************			., .
"			
		. ·	
		Page 2 of 3	

he date of each amendment	
a Negrania — Taka de amandan bilan	(date of adoption is required)
Effective date if applicable:	11/03/2009 (no more than 90 days after amendment file date)
	(no more man so days after amenament) we date,
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we by the shareholders was/we	ere adopted by the shareholders. The number of votes cast for the amendment(s ere sufficient for approval.
	ere approved by the shareholders through voting groups. The following statement of 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	55
• • -	(voting group)
The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder
Dated 11/03/	/2009
Dated 11/03/	/2009
,	2009
Signature	205A.
Signature	a director, president or other officer - if directors or officers have not been
Signature (B)	205A.
Signature (B) selv app	a director, president or other officer - if directors or officers have not been ected, by an incorporator - if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
Signature (B)	a director, president or other officer - if directors or officers have not been ected, by an incorporator - if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
Signature (B) sel- app	y a director, president or other officer - if directors or officers have not been ected, by an incorporator - if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
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Signature (B) sel- app	A director, president or other officer - if directors or officers have not been ected, by an incorporator - if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary) GISELE L DO VALE (Typed or printed name of person signing) PRESIDENT
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