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Months of

COVER LETTER

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TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Iniends General Services, Inc. DOCUMENT NUMBER: POR 000025812
DOCUMENT NUMBER: PO 0000 25812
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Maria M. Caldas lopes (Agent of Record) (Name of Contact Person)
Made In Brazil Ins. & bervices Agency, Inc. (Firm/Company)
2301 Jowler Street Suite #3
Joseph Myets florida 33901 (City/ State and Zip Code)
For further information concerning this matter, please call:
Maria M. Caldos-lopes at (239) 931-6079 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
S\$5 Filing Fee S43.75 Filing Fee & S52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is enclosed) (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

to

Articles o	of Incorpo	ration
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TILLINGS SA	erai er	vices nic.	一路为一
(Name of Corporation as co	arrentiy iiled with t	ne Fiorida Dept. of Stai	E 25/25 78 /r
	69000258	312.	
(Document 1	Number of Corporation	on (if known)	FLS
Pursuant to the provisions of section 607. following amendment(s) to its Articles of Ir	•	es, this <i>Florida Profit</i>	Corporation Tappes the
A. If amending name, enter the new nam	e of the corporation	<u>1:</u>	
	W/A .		
The new name must be distinguishable "incorporated" or the abbreviation "Corp" "Co". A professional corporation association," or the abbreviation "P.A."	o., " "Inc.," or Co.,	" or the designation "(Corp," "Inc," or
B. Enter new principal office address, if (Principal office address MUST BE A STR			
(/	- HA	
		12.	
C. Enter new mailing address, if applica (Mailing address MAY BE A POST OF		7/1	\
D. If amending the registered agent and/			er the name of the
new registered agent and/or the new r	egistered office add	<u>lress:</u>	
Name of New Registered Agent:			_
		11	
New Registered Office Address:	(Florid	da sreet address)	-
THE MEDICAL CONTROL STATE OF THE STATE OF TH	(
		(0:4)	_, Florida (Zip Code)
		(City)	(Zip Code)
New Registered Agent's Signature, if cha I hereby accept the appointment as regist position.		gent: familiar with and accep	t the obligations of the
posmon.		$\mathcal{A}_{l,i}$	
		h1.	
	Signature of New	Registered Agent, if cha	nging

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>	Name	Address	Type of Action
OFF	Idney 1. De Souza	1825 Linhart Ave Lot # 45 Fort Myers Fl 339	■ Remove
	- N M	<u> </u>	
	Ale		_
	ding or adding additional Articles, enter dditional sheets, if necessary). (Be speci		
N/A			
		<u> </u>	
·····			
provisi	mendment provides for an exchange, recomment for implementing the amendment if not applicable, indicate N/A)		
NA			
		0.62	

The date of each amendment(s)	adoption:
Effective date if applicable:	0412312009
(1)	no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	approved by the shareholders through voting groups. The following statement of each voting group entitled to vote separately on the amendment(s):
"The number of votes cas	st for the amendment(s) was/were sufficient for approval
by	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(v	oting group)
The amendment(s) was/we're action was not required.	adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were action was not required.	adjusted by the incorporators without shareholder action and shareholder
Dated)4/23/2009
(By a selecte	director, 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)
Į	Epaminomas R. DaSilva (Typed or printed name of person signing)
·	B
	(Title of person signing)