P09000062780

| (Requestor's Name) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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2010 FEB -8 A 9: 44
SECRETARY OF STATE
SECRETARY OF STATE

Amend AC Thewis 2-9-10

COVER LETTER

TO: Amendment Section
Division of Corporations

| NAME OF CORPO | RATION: | PRATA PURA JOALHERIA, | INC - |
|--|--|---|---|
| | | | , |
| DOCUMENT NUM | IBER: | P09000062780 | |
| The enclosed Article | s of Amendment and fee a | are submitted for filing. | |
| Please return all corr | espondence concerning th | is matter to the following: | |
| | ROS | SANGELA L TOTOLI | |
| | N | Name of Contact Person | |
| _ | | PRATA PURA | |
| | | Firm/ Company | |
| _ | 5 | 45 E SAMPLE RD | |
| | , | Address | |
| | POMP | ANO BEACH, FL 33064 | |
| | | City/ State and Zip Code | |
| | dqilva | ım@yahoo.com | |
| | E-mail address: (to be use | d for future annual report notification) | |
| For further information | on concerning this matter, | please call: | |
| ROSAN | IGELA L TOTOLI | | 33691 |
| Name of | Contact Person | Area Code & Daytime Telep | hone Number |
| Enclosed is a check f | or the following amount n | nade payable to the Florida Departm | ent of State: |
| | \$43.75 Filing Fee & Certificate of Status | S43.75 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 | |

Articles of Amendment to

| . Arti | cles of Inco | orporation | FILE 2010 FEB -8 A |
|--|-----------------|----------------------------------|-----------------------------------|
| PRATA PURA J | IOALHEF | RIA, INC. | E) TALLAHASSEE, FLOR |
| (Name of Corporation as currently | filed with | the Florida Dept. of Stat | e ALLAEIA A |
| P09000 | 0062780 | | MASSEFOFS |
| (Document Number | of Corporati | on (if known) | · · · · · · · · · · · · · · · · · |
| Pursuant to the provisions of section 607.1006, Fi amendment(s) to its Articles of Incorporation: | orida Statut | es, this <i>Florida Profit C</i> | |
| A. If amending name, enter the new name of the | corporatio | <u>n:</u> | |
| G.V JEW | ELRY INC | | The new |
| name must be distinguishable and contain the abbreviation "Corp.," "Inc.," or Co.," or the desiname must contain the word "chartered," "professi | ignation "C | orp," "Inc," or "Co". A | professional corporation |
| B. Enter new principal office address, if applical | | 545 E SAMPLE RD | |
| (Principal office address <u>MUST BE A STREET Al</u> | <u>DDRESS</u>) | POMPANO BEACH | I <u>, FL 33</u> 064 |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE E | 545 E SAMPLE RD | v` | |
| (Mauing address MAT BE A FOST OFFICE BOX) | | POMPANO BEACH | , FL 33064 |
| D. If amending the registered agent and/or registered agent and/or the new registered | | | er the name of the |
| Name of New Registered Agent: | | | - |
| New Registered Office Address: | (Flori | da street address) | - |
| | | | , Florida |
| | (City) | (Zip | Code) |

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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)

| Title | <u>Name</u> | Address | Type of Action |
|--------------------------------|---|--|---------------------------------------|
| • | | | |
| | | | · · · |
| | | | ☐ Add☐ Remove |
| | | | Add |
| | | | □ Remove |
| | | | |
| E. <u>If amen</u> (attach a | nding or adding additional Andditional sheets, if necessary). | rticles, enter change(s) here: . (Be specific) | **; |
| | | | |
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| | | · | |
| | | | |
| | - | | |
| F. <u>If an a</u> | mendment provides for an ex | schange, reclassification, or cancella | tion of issued shares, |
| | ions for implementing the am not applicable, indicate N/A) | nendment if not contained in the am | endment itself: |
| | . , | • | * |
| | | | · · · · · · · · · · · · · · · · · · · |
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| The date of each amendment | t(s) adoption: 12/28/2009 |
|--|---|
| | (date of adoption is required) |
| Effective date <u>if applicable</u> : | (no more than 90 days after amendment file date) |
| Adoption of Amendment(s) | (CHECK ONE) |
| The amendment(s) was/we by the shareholders was/we | re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval. |
| | re approved by the shareholders through voting groups. The following statemened 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 | (voting group) |
| The amendment(s) was/we action was not required. | re adopted by the board of directors without shareholder action and shareholder |
| The amendment(s) was/we action was not required. | re adopted by the incorporators without shareholder action and shareholder |
| | 8/2009 a stirector, president or other officer – if directors or officers have not been exted, by an incorporator – if in the hands of a receiver, trustee, or other court |
| | ointed fiduciary by that fiduciary) |
| | ROSANGELA L TOTOLI |
| | (Typed or printed name of person signing) |
| | PRESIDENT : |
| | (Title of person signing) |