# P11000019

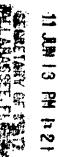
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May 1

## ~ COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	ORATION:	DMP BRICK PAVER INC	<u> </u>	•		
DOCUMENT NUM	1BER:	P11000042128		-		
	es of Amendment and fee a					
Please return all corr	respondence concerning th	is matter to the following:				
		Darlan M Pereira				
	Ŋ	Name of Contact Person				
	DN	MP Brick Paver Inc.				
****		Firm/ Company				
	9536 PRIN	ICITON SQ BLVD S # 1301				
<del></del>		Address				
	Ja	cksonville FL 32256		图像	<b>=</b>	
	C	City/ State and Zip Code			<b>2</b>	-
· —	E-mail address: (to be use	ed for future annual report notification)		1.7388 12.7388	JUN 13 PM	200
For further informati	ion concerning this matter,	please call:			1:2	
	rlan M Pereira	at (	2-1797			
Name of	f Contact Person	Area Code & Daytime Tele	phone Number			
'Enclosed is a check to	for the following amount n	nade payable to the Florida Departr	ment of State:			
\$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing F Certificate of S Certified Copy (Additional Co	Status	closed)	
Mailing Add Amendment Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle				

Tallahassee, FL 32301

# **Articles of Amendment Articles of Incorporation**

## DMP BRICK PAVER INC.

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

### P11000042128

(Document Number of Corporation (if known)

A. If amending name, enter the new name of	f the corporation:	
		The
name must be distinguishable and contain in a subbreviation "Corp.," "Inc.," or Co.," or the came must contain the word "chartered," "pro	designation "Corp," "Inc,	" or "Co". A professional corpor
3. Enter new principal office address, if app	licable:	
Principal office address <u>MUST BE A STREE</u>		·
<ol> <li>Enter new mailing address, if applicables</li> </ol>	•	
(Mailing address MAY BE A POST OFFIC		
(Mailing address <u>MAY BE A POST OFFI</u>	<u>CE BOX</u> )	Florida, enter the name of the
	CE BOX)	Florida, enter the name of the
(Mailing address MAY BE A POST OFFICE  D. If amending the registered agent and/or registered agent and/or the new registered agent.)	CE BOX)	Florida, enter the name of the
(Mailing address MAY BE A POST OFFICE)  D. If amending the registered agent and/or registered agent ag	CE BOX)	Florida, enter the name of the
(Mailing address MAY BE A POST OFFICE  D. If amending the registered agent and/or registered agent and/or the new registered agent.)	registered office address in stered office address:	
(Mailing address MAY BE A POST OFFICE  D. If amending the registered agent and/or registered agent and/or the new registered agent.)	CE BOX)	
(Mailing address MAY BE A POST OFFICE  D. If amending the registered agent and/or registered agent and/or the new registered agent and/or the new registered Agent:	registered office address in stered office address:	(dress)
(Mailing address MAY BE A POST OFFICE  D. If amending the registered agent and/or registered agent and/or the new registered agent and/or the new registered Agent:	registered office address in stered office address:	
(Mailing address MAY BE A POST OFFICE  D. If amending the registered agent and/or registered agent and/or the new registered agent and/or the new registered Agent:  Name of New Registered Agent:  New Registered Office Address:	registered office address in stered office address:  (Florida street ad	(dress)
(Mailing address MAY BE A POST OFFICE  D. If amending the registered agent and/or registered agent and/or the new registered agent and/or the new registered Agent:	registered office address in stered office address:  (Florida street ad (City))  ng Registered Agent:	dress) , Florida (Zip Code)

# 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>	<u>Address</u>	Type of Action
<u>VP</u>	Otavio Amorim	8025 BAYMEADOWS CIRCLE Suite 403 Jascksonville FI 32256	
<del></del>			_
	<del> </del>		_
	ding or adding additional Articles, of ditional sheets, if necessary). (Be s		
provisio		e, reclassification, or cancellation of is nt if not contained in the amendment	

The date of each amendmen	nt(s) adoption: <u>06/06/2011</u>	
Effective date if applicable:	(date of adoption is required)	
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
	were adopted by the shareholders. The number of votes cast for the amendment(s) were sufficient for approval.	
The amendment(s) was/we must be separately provide	vere approved by the shareholders through voting groups. The following statement ded for each voting group entitled to vote separately on the amendment(s):	
"The number of votes	es cast for the amendment(s) was/were sufficient for approval	
by	,,	
	(voting group)	
The amendment(s) was/we action was not required.	vere adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/we action was not required.	vere adopted by the incorporators without shareholder action and shareholder	
sel	By a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court	
арр	opointed fiduciary by that fiduciary)	
	Darlan M Pereira	
	(Typed or printed name of person signing)	
	Ducaidant	_
	(Title of person signing)	
	( or person o.gg)	