P14000053410

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DATE SEP 10 PM 11: 44

SEP 1 , 2010

COVER LETTER

RESTORALLY CORP

NAME OF CORPORATION: Home Decor Kitchen BAth AND Home Remodeling Condument number: 14000053410

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Alberto G. SAlini
Name of Contact Person
Home Decor Kitchen BAth and Home Remodeling coep
2175 N powerline Rd ste 2
Pompano Beach Fl 33069 City State and Zip Code
City ² State and Zip Code
E-mail address; (to be used for future annual report notification)

For further information concerning this matter, please call:

Alberto 6- Salini at (786), 440 07 03

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:

S35 Filing Fee S43.75 Filing Fee & S43.75 Filing Fee & S52.50 Filing

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 Articles of Incorporation	Control of the second of the s
HOME Decor K	· · · · · · · · · · · · · · · · · · ·	ाति स्थाने केही तिर्देश के हैं। के प्र
	<u> </u>	2818 SEP 19 PM 11: 4.a
(Name of Corporati	ion as currently filed with the	Florida Dept. of State)
	<u> 140000554</u>	10
(Воси	nent Number of Corporation (if	known)
dursuant to the provisions of section 607,1006, Florida is Articles of Incorporation:	a Statutes, this <i>Florida Profit</i> C	**Corporation** adopts the following amendment(s)
a. If amending name, enter the new name of the co	orporation:	
		The new
name must be distinguishable and contain the woo "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the	"," "Inc." or "Co". A profess	
B. Enter new principal office address, if applicable		
Principal office address <u>MUST BE A STREET ADI</u>	<u>ORESS</u>)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	
	-	
 If amending the registered agent and/or registered new registered agent and/or the new registered 		enter the name of the
		
Name of New Registered Agent		
		
	(Florida street address)	
New Registered Office Address:	2 th	. Florida (Zip Code)
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Reg	gistered Agent:	
hereby accept the appointment as registered agent.		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)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation. Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Mike Jones, V as Remove Example:	e, and Sall	y Smith.	SV as an Add.		
X Change	<u>PT</u>	<u>John D</u>	oe		
X Remove	<u>V</u>	Mike J	ones		
X Add	<u>sv</u>	Sally S	<u>mith</u>		
Type of Action (Check One)	Title		Name		<u>Addres</u> s
Change Add Remove	V.P		MARCELO	<u>5. Solor</u>	Rildodo Amaral Cussio Sorocaba, SP 18047594 Brazil
2) Change Add					
Remove 3)ChangeAdd		_			
Remove		_			
Add Remove					
5) Change Add Remove	 				
6) Change Add		_			
Remove					

If an amendment provides for an exchange, reclassification, or cancellation of issued chares, provisions for implementing the amendment if not contained in the amendment itself: (i) not applicable, indicate N(4)	If amending or adding additional Art (Attach additional sheets, if necessary).	(Respective)
provisions for implementing the amendment if not contained in the amendment itself:	Attacit autational sneets, if necessary).	(DC Specific)
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(i) not applicable, markate :v/A)		endment it not contained in the amendment usen:
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The date of each amendment(s) adoption:	, if other than the
-	
Effective date <u>if applicable</u> : (no more than 90 days after amendment file date)	
tho more than 90 days after amenament fue date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided 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	
by	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated O9 10 H 18	
Signature	
(By a director, problem of other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that tiduciary)	
Alberto 6 SALini	
(Typed or printed name of person signing)	
President	
(Title of person signing)	