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SECRETARY OF STATE

T. CLINE

SEP - 8 2008

EXAMINER

COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	UNCOAST PAVE (Name of Lim	ERS LLC ited Liability Company)	······································
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	RICHA	Name of Person)	2
	Synca	AST PAVERS, LLC (Firm/Company)	·····
	16544 Z	(Address)	
	00ES54	F, FL 33 556 (City/State and Zip Code)	The I species
For further information of	concerning this matter, please co	ail:	
<u>PETCHARO</u> (Name	A FERN AN OK 2 of Person)	at (<u>8/3) 323 - 4</u> (Area Code & Daytime T	old Signature of the second of
Enclosed is a check for the	he following amount:		
\$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ST PAVERS, LL			
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on ited Liability Company)	our records.)		
The Articles of Organization for this Limited Liability Com Florida document number <u>L6700045453</u>	npany were filed on $\frac{4/3}{3}$	•		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	d liability company here:			
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Company,"	the designation LLC of the abbreviation		
Enter new principal offices address, if applicable:		To the same		
(Principal office address MUST BE A STREET ADDRES	<u>SS)</u>			
		0:5		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registere registered agent and/or the new registered office address	ed office address on our shere:	records, <u>enter the name of the new</u>		
Name of New Registered Agent:				
New Registered Office Address:				
	(Enter	(Enter Florida street address)		
		, Florida		
	(City)	(Zip Code)		

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

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

	anaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
M612M	RUBEN MEDINA	3247 DUNSTABLE DR LAND OL ALLES, FL 3463	Add Remove
MGRM	SUSSEPH MINACOI	19602 1 St STREET SW STE WITZ, R 33548	A Add Remove
			Add Remove
			Add Remove
			Add Remove
			TO A TO
D. If amendi	ng any other information, enter chang	ge(s) here: (Attach additional sheets, if necessar	y.)

			<u> </u>
Dated	RAA	r or authorized representative of a member	·····
-	FICHM Typed	DAHERNANDE2 or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00