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(Requestor's I	Name)
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D. BRUCE

APR 23 2010

EXAMINER

COVER LETTER

Division of Co				
SUBJECT:	Five Stars (Quality Pavers, LL	.C	
		ited Liability Company		and-
The enclosed Articles of	of Amendment and fee(s) are su	bmitted for filing.		
Please return all corresp	oondence concerning this matte	er to the following:		
		Yaniuska B. Da Silva	a	
		Name of Person		
	Five	Stars Quality Pavers	, LLC	
		Firm/Company		
7033 Mauna Loa Blvd				
		Address		
		Sarasota, Fl 34241		至金 5
		City/State and Zip Code		F 7 7
		yaniuska@msn.com		APR 22 LAHASS
For further information	concerning this matter, please	to be used for future annual recall:	port notification)	mg z m
	uska B. Da Silva	at (941)	467-5682	3: 39 FLORID
Name	of Person	Area Code	& Daytime Telephone Num	ber 🎾
Enclosed is a check for	the following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is	enclosed) Certifi	Filing Fee, icate of Status & ied Copy ional 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**

	e Stars Quality Pavers, L	<u></u>			
(<u>Name of the Limite</u>	d Liability Company as it now appe A Florida Limited Liability Company	ears on our records.)			
he Articles of Organization for this Limited I		March 18, 2010 and assigned			
lorida document numberL1000002					
his amendment is submitted to amend the fol	lowing:				
. If amending name, enter the new name	of the limited liability company h	ere:			
he new name must be distinguishable and end w L.L.C."	ith the words "Limited Liability Com	pany," the designation "LLC" or the abbreviation			
nter new principal offices address, if appli	cable:				
<u>Principal office address MUST BE A STRE</u>	ET ADDRESS)	7 m			
	<u>-, - </u>	APR 22			
		L. L			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)					
 If amending the registered agent and egistered agent and/or the new registered or 	_	our records, <u>enter the name of the new</u>			
Name of New Registered Agent:	Francisco J. Castro				
New Registered Office Address:	**************************************				
		Enter Florida street address			
		, Florida			
	City	Zip Code			

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. Lhereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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 MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGRM	Francisco J. Castro	7033 Mauna Loa Blvd Sarasota, Fl 34241	✓ Add ☐ Remove
			Add Remove
			Add Remove
			AddRemove
			Add Remove
			AddRemove
D. If amend	ling any other information, enter ch	nange(s) here: (Attach additional sheets, if necessal	FILED 10 APR 22 PH 3: 30 NECKLIARY OF STATE ALLAHASSEE, FLORIDA
Dated	April 13	2010 A	
-	Signature of a men	mber or authorized representative of a member	·
	· · · · · · · · · · · · · · · · · · ·	Yaniuska B. Da Silva /ped or printed name of signee	
	1)	bea or bringer name or signee	

Page 2 of 2

Filing Fee: \$25.00