## P1000005917

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SECRETARY OF STATE FALLAHASSEE, FLORION

C GOLDEN

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: CSK PAVERS, CO	ORP		
	BER: P16000065917			
	s of Amendment and fee are su	bmitted for filing.		
Please return all corre	espondence concerning this ma	tter to the following:		
	DEGNY PLAZ			
		Name of Contact Persor	1	
	CSK PAVERS, CORP			
		Firm/ Company		
	3205 27TH ST SW			
		Address		
	LEHIGH ACRES FL 33976			
		City/ State and Zip Code	:	
For further information	E-mail address: (to be us	sed for future annual report	notification)	
DEGNY DIAZ		at ( <sup>239</sup>	878-3786	
Name	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check f	for the following amount made	payable to the Florida Depa	ertment of State:	
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
	ailing Address		Address	
Amendment Section Division of Corporations		Amendment Section Division of Corporations		
	O. Box 6327	Clifton Building		
	llahassee, FL 32314	2661 Executive Center Circle		
		Tallahassee, FL 32301		

the day of the entry of the contract of

## Articles of Amendment to Articles of Incorporation of

PALLAHARY OF PH 3: 14

CSK PAVERS, CORP

(Name of Corporation as	s currently filed with the Florida Dept. of State PSE ST.
6000065917	s currently filed with the Florida Dept. of State SEE FLORIE
(Document)	Number of Corporation (if known)
rsuant to the provisions of section 607.1006, Florida Stat Articles of Incorporation:	stutes, this Florida Profit Corporation adopts the following amendment(s
If amending name, enter the new name of the corpor	ration:
	The new
ne must be distinguishable and contain the word "c orp.," "Inc.," or Co.," or the designation "Corp," "I rd "chartered," "professional association," or the abbr	corporation," "company," or "incorporated" or the abbreviation Inc," or "Co". A professional corporation name must contain the reviation "P.A."
Enter new principal office address, if applicable:	
incipal office address <u>MUST BE A STREET ADDRES</u>	<u></u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
(Mulling addits)	
If amending the registered agent and/or registered of	office address in Florida, enter the name of the
new registered agent and/or the new registered offic	ce address:
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida, Florida

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.

Example: X Change	<u>PT</u>	John Do	<u>e</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	VP		LIONEL ROMERO	8440 SW 107TH AVE
Add				APT 408
X Remove				MIAMI FL 33173
2) Change		<del></del>		
Add				
Remove				
3) Change	-	_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
(hanaa				
6) Change		_		
Add				
Remove				

If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)	If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
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(if not applicable, indicate N/A)	provisions for implementing the ame	ndment if not contained in the amendment itself:
	(if not applicable, indicate N/A)	
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The date of each amendment(s	05/09/2018 adoption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	(no more than 90 days after amendment file date)	
	is block does not meet the applicable statutory filing requirements, this Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes cast for the amendine e sufficient for approval.	nt(s)
☐ The amendment(s) was/were must be separately provided	approved by the shareholders through voting groups. The following state for each voting group entitled to vote separately on the amendment(s):	ement
	east for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder	older
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
05/09/2	018	
Dated	$ \frac{1}{2}$ $\frac{1}{2}$	
Signatur	KA	
(By sele	a director, president or other officer – if directors or officers have not be ected, by an incorporator – if in the hands of a receiver, trustee, or other content fiduciary by that tiduciary)	
	DEGNY DIAZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	