P16000065917

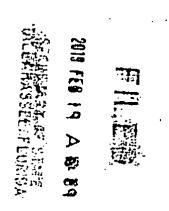
(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Name	
(Do	ocument Number)	
Certified Copies	_ Certificates of	f Status
Special Instructions to	Filing Officer:	





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COVER LETTER .

TO: Amendment Section Division of Corporations

NAME OF CORPORATIO	N: <u>CSK</u>	PAVERS, CO	K (*	
DOCUMENT NUMBER: _	P16000	0065917		
The enclosed Articles of Ame	endment and fee are sul	bmitted for filing.		
Please return all corresponde	nce concerning this mat	ter to the following:		
	DEGN	Name of Contact Person	2	
		Name of Contact Person	1	
CSK PAVERS, CONV				
Firm/ Company				
	3205 2	7th ST SU Address	<u> </u>	
		Address	1 0-6	
	Lehigh	City/ State and Zip Code	L 33976	
 .		City/ State and Zip Code	2	
	-mail address: (to be us	ed for future annual report	notification)	
_			,	
For further information conce	eming this matter, pleas	e call:		
1		0.2.0	270/	
DEGNUI	2 AIC	at (878 - 3786 de & Daytime Telephone Number	
Name of Cont	act Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for the fo	ollowing amount made p	payable to the Florida Depa	rtment of State:	
\$35 Filing Fee □	IS43.75 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)	
Mailing A			Address	
Amendmer		Amendment Section		
Division of Corporations			Division of Corporations Clifton Building	
P.O. Box 6327 Tallahassee, FL 32314		2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

CSK PAVERS, CORP

	currently filed with the Florida Dept. of State)
P16000065917	
(Document Nu	umber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statut its Articles of Incorporation:	tes, this Florida Profit Corporation adopts the following amendme
A. If amending name, enter the new name of the corporate	tion:
	The new poration," "company," or "incorporated" or the abbreviation or "Co". A professional corporation name must contain the station "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS))
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered offi new registered agent and/or the new registered office a	
Name of New Registered Agent	
_	
(Fle	orida street address)
New Registered Office Address:	
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I am fai	Agent: miliar with and accept 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, nam 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 = Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each 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. The 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 Ch. Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John De	<u>oc</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally S	<u>mith</u>	
Type of Action (Check One)	Title		<u>Name</u>	<u>Addres</u> s
1) Change	Officer	- _	ARIEL SANCHEZ PIEDRA	4308 16TH ST W
X Add				LEHIGH ACRES FL 33971
Remove				
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		<u> </u>		
Add				
Remove				
6) Change		_		
Add				
Remove				

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
-	
f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares, and and amendment itself:
(if not applicable, indicate N/A)	nument is not contained in the amenument users.
· · · · · · · · · · · · · · · · · · ·	
	

02/13/2019
The date of each amendment(s) adoption:, if other t date this document was signed.
Effective date if applicable:
(no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.
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" (voting group)
☐ 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.
02/13/2019
Dated
\mathcal{A}
Signature By a director, president or 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 fiduciary)
DEGNY DIAZ
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)