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To:

Division of Corporations

Fax Number : {850}617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number: 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MILESTONE AND PAVER, LLC

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JAN 19 2023

AMANDA G. GOMEZ, ESQ.

COVER LETTER Í ł TO: Registration Section **Division of Corporations** MILESTONE AND PAVER, LLC **\$**UBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:

		Name of Person	
	DAY PITNEY LLP		
		Firm/Company	
	396 ALHAMBRA CIRCLE, N	ORTH TOWER,	14TH FLOOR
		Address	
	CORAL GABLES, FLORID 3.	3146	
	Ci	ity/State and Zip Co	de
	DDIAZLEYVA@DAYPITNEY	COM.	
	E-mail address: (to be	used for future annu	ual report notification)
for further information	concerning this matter, please call:		
AMANDA GOMEZ, E	ESQ.	786	684-0306
Name	e of Person	Area Code	Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

□ \$30.00 Filing Fee & Certificate of Status S55.00 Filing Fee & Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fce, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section **Division of Corporations** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MILESTONE AND PAVER, LLC				
(Name of the Lin	sited Liability Company as it now app (A Florida Limited Liability Compan)	ears on our records.) /)		
The Articles of Organization for this Limited	Liability Company were filed on	12/16/2018 and assigned		
Florida document number 1.08000114585	······································			
his amendment is submitted to amend the fo	llowing:			
A. If amending name, enter the new name	of the limited liability company	here:		
The new name must be distinguishable and contain the	words "Limited Liability Company," th	e designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if appl	icable:			
Principal office address MUST BE A STRE	ET ADDRESS)	, e 23 E 23		
		ce :		
Enter new mailing address, if applicable:		<u> </u>		
Mailing address MAY BE A POST OFFICE	(BOX)			
		0		
		. 3		
 If amending the registered agent and/or agent and/or the new registered office addr 	•	records, enter the name of the new regist		
Name of New Registered Agent:	AMANDA G. GOMEZ, ESQ.			
New Registered Office Address:	396 ALHAMBRA CIRCLE, N	ORTH TOWER, 14TH FLOOR		
Live Stephenson State Literature.	Enter F	lorida street address		
	CORAL GABLES	Florida 33146		
	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 605, 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 Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	SOKELEN, SERDAR	3360 NW 67TH AVENUE, #780	DAdd
		MIAMI, FL 33122	□Remove
			□Remove
			☐ Change
			□Add
			□Remove
			□Change
		4-11	□Add
			□Remove
			Change
			□Remove
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ffective	re date, if oth	ier than th	ie date of fi	lling:	prior to date of	filing or more the	(optionan 90 days after	onal) filing) Pursuant	to 605.0207
iocume	nt's effective	date on the	Department	of State's rec	ords.	nory ming rec	uirements, and	date will not b	oc fisied as
record if is file		layed effect	ive date, but	not an effect	ive time, at 12	2:01 a.m. on th	e earlier of: (b) The 90th da	y after the

Typed or printed name of signee

AMANDA G. GOMEZ, ESQ.