Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000290459 3)))



H200002904593ABC+

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CONTRACTORS REPORTING SERVICES, INC.

Account Number : I20050000099 Phone

: (813)932-5244

Fax Number

: (813)932-3782

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 CONTOUR PAVING, LLC

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AUG 1 2020

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COVER LETTER

(((H20000290459 3)))

TO: Registration Sec Division of Corp			
SUBJECT: CONTOL	JR PAVING, LLC Name of Limi	ted Liability Company	
The enclosed Articles of a	Amendment and fec(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	ANDREA SP	AS	
		Name of Person	
	CONTRACTORS RI	EPORTING SERVICE INC	
	13795 N NEBRASK	A AVE Address	.,
	TAMPA, FL 33613	City/State and Zip Code	
	@activatemylicense. E-mail address: (COM to be used for future annual report notifi	eation)
For further information co	oncerning this matter, please or	all:	
ANDREA SPA	AS	at (813) 932-5244	***************************************
Name o	l'Person	Area Code Daytine	Telephone Number
Enclosed is a check for th	ne following amount:		
S25.00 Filing Fee	S30.00 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

To:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(((H20000290459 3)))

CONTOUR PAVING, LLC (Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our re	ecords.)
(A Florida Limite	ed Liability Company)	
The Articles of Organization for this Limited Liability Companies	ny were filed on <u>3/2/2010</u>	and assigned
Florida document number L10000023530		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and end with the words "Limited L	inbility Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		3
Enter new mailing address, if applicable:		2 -
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered	office address on our rec	$\boldsymbol{\omega}$
registered agent and/or the new registered office address h	eere:	
Name of New Registered Agent:		···
New Registered Office Address:		
	Enter Florida street a	uldress
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Age	<u>nt:</u>	
I hereby accept the appointment as registered agent and a		. I further agree to comply with the

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

From: Andrea Spas 🔭

MGR = Manager

Fax: 18139325244

Ta:

Fax: (850) 617-6383

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08/21/2020 2:50 PM

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

(((H20000290459 3)))

AMBR = A	uthorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	TONY A DIAZ	5031 DENVER ST TAMPA FL 33619	□ Add Remove
MGR_	Jennie J Diaz	5031 Denver st Tampa, FL 33619	⊟ Add □ Remove
			□ Add □ Remove
			□ Add □ Remove
			□ Add □ Remove
			

If amending any other information, enter change(s) h	ere: (Attach additional sheets, if necessary.)
	100000000000000000000000000000000000000
Effective date, if other than the date of filing:	(optional)
(The effective date must be specific, cannot be prior to date of receipt the date this document is filed by the Florida Department of State)	or filed date and cannot be more than 90 days after
Dated August 20 2020	·
- /) ``	
Signature of a mornoer or a	ultraized representative of a member
Teresa Diaz	
Typed or n	rinted name of signce

Fax: (850) 617-6383

Page: 6 of 6

08/21/2020 2:50 PM

Fax: 18139325244

To:

From: Andrea Spas

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Filing Fee: \$25.00