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### COVER LETTER

TO: Registration Section Division of Corporations	<i>!</i>				
SUBJECT:					
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:					
New Brick Pavers LLC 8001 Aspencrest CT Oslando FL 32835					
NEW ORICI					
8001 ASPENCIES					
mando FL 32833					
OXEXI.					
City/State and Zip Code					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Paria lamia 4,404, 6945525					
Roggio Larria at (404) 6945525  Name of Person Area Code & Daytime Telephone Number	<del></del>				
Enclosed is a check for the following amount:					
\$25.00 Filing Fee \$\ \times \\$30.00 Filing Fee \& \times \\$55.00 Filing Fee \& \times \\$60.00 Filing Fee \& \times \\$Certificate of Status	ng Fee, e of Status &				
(additional copy is enclosed) Certified (					

#### 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

FILED

## ARTICLES OF ORGANIZATION 1 NOV 18 AM 11: 55

NEW BRICK PAVERS LLC

Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liab	oility Company were filed on _	08/11/2010	and assigned
Florida document numberL_100008	4749.		
This amendment is submitted to amend the follow	ring:		
A. If amending name, enter the new name of the	he limited liability company	<u>here</u> :	
The new name must be distinguishable and end with t "L.L.C."	the words "Limited Liability Cor	npany," the designation "LL	.C" or the abbreviation
Enter new principal offices address, if applicab	ole:		
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	<u> </u>		
B. If amending the registered agent and/or registered agent and/or the new registered office		n our records, <u>enter th</u>	e name of the new
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	Cit.	, Florida	Zip Code
	City		Lip Coae

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 608, 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 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>	<u>Name</u>	Address	Type of Action
NGRM	Remata LAMIA	8001 ASPIMCREST CT OXIANDO FL 32835	Add Remove
			Add Remove
			Add Remove
<u></u>			Add Remove
			Add Remove
·	<u></u>		Add Remove
D. If amend	ing any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary	") <b>¥</b> ≤: <b>=</b>
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  Dated		4 0	D FLORIDA
		of authorned representative of a member	
	Requio	lor printed name of signee	

Page 2 of 2

Filing Fee: \$25.00