## L10000121985

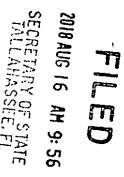
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## COVER LETTER

TO:

Registration Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Divi	ision of Cor	porations		
SUBJECT:	Art Pool Br	rick Paving LLC		
SUBJECT.		Name of Lim	ited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Ricardo Rocha		
			Name of Person	
			Firm/Company	
		8791 Ulmerton Road		
			Address	
		Largo, FL 33771		
		paverhouse@hotmail.cor	City/State and Zip Code n	
			to be used for future annual report noti	fication)
For further in	iformation e	oncerning this matter, please co	all:	
Ricardo Ro	cha		727 642-6396 at ()	
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a	check for th	ne following amount:		
<b>宮</b> \$25.00 F	iling Fee	□ \$30.00 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)
		ING ADDRESS:	STREET/COURI Registration Section	

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Art Pool Brick Paving LLC		
( <u>Name of the Limited Li</u> (A Fl	ability Company as it now appears on our records.) lorida Limited Liability Company)	
The Articles of Organization for this Limited Liabili Florida document number L10000121985	ity Company were filed on 11/24/2010	_ and assigned
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
Art Pool Brick Paver, LLC		
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable	:	
(Principal office address MUST BE A STREET AI	DDRESS)	
	registered office address on our records, enter th	ne name of the new
registered agent and/or the new registered office	address here:	
Name of New Registered Agent:	LAL	ZOIB AUG
New Registered Office Address:	, Florida 🚟	R 6 M
New Registered Agent's Signature, if changing Regis	City :stered Agent:	<i>江中</i>
provisions of all statutes relative to the proper ar accept the obligations of my position as registere	gent and agree to act in this capacity. I further agre nd complete performance of my duties, and I am far ed agent as provided for in Chapter 605, F.S. Or, if stered office address, I hereby confirm that the limi- nge.	niliar with and this document is

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	Membei

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Remove
		·	Change
			□ Remove
			Change
			□ Remove
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			AUG ETPR AUG
			SSET S
			PARY OF STATE
			Remove
			□ Change

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Tective date, if other than th	a date of filing	<b>,.</b>		(or	otional)		
in effective date is listed, the date mi	st be specific and	cannot be prior to		nore than 90 days a	fter filing.) Pu		
ote: If the date inserted in this becoment's effective date on the I			ole statutory filir	ig requirements,	this date wil		listed
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record specifies a delaye The 90th day after the re	a errective a cord is filed.	ate, but not	an effective	time, at 12:0.	r arini sou	truce e	arlier
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	Signature of a n	nember of zuthor	zed representative	e of a member			<del>-</del>
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Page 3 of 3

Filing Fee: \$25.00