

#L12000024207

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500252708645

10/21/13--01011--017 **25.00

FILED
13 OCT 21 PM 1:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
OCT 24 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A. G. Y Pavers & Granite, LLC
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:

Glorelvys Alvarez
Name of Person

A. G. Y Pavers & Granite.
Firm/Company

15840 SR 50 Lot 152
Address

Clermont, FL 34711
City/State and Zip Code

Ag.y pavers and granite@yahoo.com.
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alberto Alvarez at (352) 227-0693.
Name 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 ☐ \$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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED
13 OCT 21 PM 1:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A. G. Y Pavers & Granite, 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 Liability Company were filed on 02-17-2012 and assigned Florida document number L12000024207.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Alberto Alvarez

New Registered Office Address:

15840 SR 50 Lot 152

Enter Florida street address

Clermont

City

Florida 34711

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 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

MGR = Manager
MGRM = Managing Member

Clermont FL 34711 ☒ Remove

15840 SR 50 Lat 152 ☒ Add

Clermont FL 34711 ☐ Remove

☐ Add

☐ Remove

Diagram illustrating the removal of a node from a linked list. A curved line represents the removal of a node from the list, crossing through the horizontal lines representing the list structure. The left line is labeled "Add" and the right line is labeled "Remove".

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

~~_____~~
~~_____~~
~~_____~~
~~_____~~

Dated October 17th, 2013.

Signature of a member or authorized representative of a member

Alberto Alvarez

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00