L12000070464

(Re	equestor's Name)			
(Address)				
(Address)				
(Cit	ty/State/Zip/Phon	ne #)		
	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificate	s of Status		
Special Instructions to Filing Officer:				
OCT 1 8 2012				
S. TONER				

Office Use Only



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09/17/12--01018--009 **43.75

SECRETARY OF STATE



September 26, 2012

ARIEL GRILLO PAVER-AID 14285 SW 183RD STREET MIAMI, FL 33177

SUBJECT: PAVER-AID "LLC" Ref. Number: L12000070464

We have received your document for PAVER-AID "LLC" and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 312A00024021

Sean Toner Senior Section Administrator

www.sunbiz.org

COVER LETTER

TO: Registration Section Division of Corporation					
SUBJECT: PA	ver-Aid LLC.				
Name of Limited Liability Company					
The enclosed Articles of An	nendment and fee(s) are submitted for filing.				
Please return all corresponde	ence concerning this matter to the following:				
	Ariel Grillo Name of Person				
	Paver-Aid Firm/Company				
·	10665 SW 190 th ST. #3117				
	Miami, Fl. 33157				
	Miami, Fl. 33157 City/State and Zip Code Paueraid Lanail. (om E-mail address: (to be used for future annual report notification)				
For further information cond	cerning this matter, please call:				
Ariel 6	at (186) 518-1091 erson Area Code & Daytime Telephone Number				
Enclosed is a check for the	following amount:				
\$25.00 Filing Fee [\$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) 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

OCT 18 AM 10:51 12

Paver - Aid (Name of the Limited Liability	LL (. y Company as it now ap	SECRETARY OF STATE Pears on our records. PLANASSEE, PLORIDA ny)
(A Florida	Limited Liability Compa	ny)
The Articles of Organization for this Limited Liability C	Company were filed on	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	<u>iited liability company</u>	<u>here</u> :
The new name must be distinguishable and end with the wo "L.L.C."	ords "Limited Liability Co	ompany," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD)	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office add		on our records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	_ 	Enter Florida street address
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered	ed 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

<u> Fitle</u>	<u>Name</u>	Address	Type of Action
NGRM	Florentina Grillo	10665 SW 1904 PT WOIT 311), MIRM, FC 33157	Add Remove
MEEW	Ariel Grillo	10665 (W 190+h ST Unit 7117, Miani, FC. 32157	X Add Remove
			Add Remove
			Add Remove
·			Add Remove
····			Add Remove
D. If amend	ing any other information, enter change	e(s) here: (Attach additional sheets, if necessary.)	
			_
Dated\0	-18-12,	•	
	Tuan A. B.	or authorized representative of a member (A	

Page 2 of 2

Filing Fee: \$25.00