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(Address)

(Address)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C & H ASPHALT & PAVING, LLC,
a Florida limited liability company
241 Northwest South River Drive
Miami, Florida 33128

September 24, 2014

Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Dear Messieurs,

Following is my personal information:

Day Time phone number: 786-231-8442
Return Address: 1869 S.W. 12 Street
Miami, Florida 33135

Sincerely,

Hugo Olazabal

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: C & H Asphalt & Paving, 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:

Carlos Parodi
Name of Person

C & H Asphalt & Paving
Firm/Company

7809 S.W. 102 Place
Address

Miami, FL 33173
City/State and Zip Code

cp@chasphalt.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carlos Parodi at (305) 796-9703
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

C & H Asphalt & Paving, LLC

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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:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Carlos Parodi	7809 SW 102 Place Miami, FL 33173	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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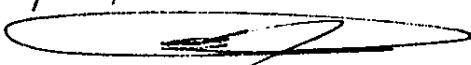
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 9/24/, 2014



Signature of a member or authorized representative of a member

HUGO E. OLAZABAL

Typed or printed name of signee

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Filing Fee: \$25.00

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