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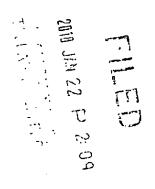
(R	requestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(B	Business Entity Name)	
(C	Occument Number)	
Certified Copies	Certificates of State	us
Special Instructions to	o Filing Officer:	

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D. SCOTT

COVER LETTER

TO: Registration S Division of Co				
SUBJECT: EZ	Pavers LLC			
	Name of Lin	nited Liability Company		
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	Dani	el Aigner		
		Name of Person		
		EZ Pavers LLC		
	16	Firm/Company		
	10	075 Black Hickory Dr.		
		Address		
	W	inter Garden, FL 3478	7	
		City/State and Zip Code	20	
Ezpavers@outlook.com F-mail address: (to be used for future annual report notification)				
			ication)	, =., ,
For further information of	concerning this matter, please c	all:	22	بد د سر لا په
Daniel Aign	er	at (<u>407</u>) <u>792-875</u>	56 T	سامري صد
Name o	of Person		Telephone Number C	
Enclosed is a check for t	he 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

EZ Pave					
(Name of the Limited (A	Liability Company	y <mark>as it now appears or</mark> ability Company)	our records.)		
(7)	1 lottes Elimico Eli	somey company)			
The Articles of Organization for this Limited Liab	ility Company w	vere filed on $3/2$	20/2014	and ass	igned
Florida document number <u>L140004639</u>	97				
This amendment is submitted to amend the follow	ring:				
A. If amending name, enter the new name of the	<u>ne limited liabili</u>	ity company here:			
Trinity Pavers And Outdoors LL	.C				
The new name must be distinguishable and contain the word	ls "Limited Liability	y Company," the desig	nation "LLC" or the	abbreviation "L.I	L.C."
Enter new principal offices address, if applicab	le:	: 16075 Black Hid		r,	
(Principal office address MUST BE A STREET)	ADDRESS)	(S) Winter Garden, FL 34787			
Enter new mailing address, if applicable:		16075	<u>Black Hicko</u>	ry Dri,	
(Mailing address MAY BE A POST OFFICE BOX)		Winter Garden, FL 34787			
maning dadress may be a 1001 0111cc be	<u> </u>		·		
					
				. E	
B. If amending the registered agent and/or	registered offi	ce address on ou	ır records, <u>ente</u>	r the mame	<u>of the nev</u>
registered agent and/or the new registered offic	<u>e address here</u> :			34	
			Ç	22	
AL CAL D. L. LA			1	· · ·	اد ا
Name of New Registered Agent:				<u> </u>	
New Registered Office Address:	16075 Bla	ack Hickory (Or	5. 5.	
		Enter Florida	street address	3	
	Winter Ga	arden.	. Florida	34787	
		City	,	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 605, 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 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 Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Wemerson F Neves	3681 Seminole st, Gotha, FL 34	734 🗆 Add
			⊠ Remove
			Change
			Add
			□ Remove
			☐ Change
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			□ Remove
			☐ Change
			Add
			Remove
			DAdd
			Remove
			Change
			Add
			□ Remove
			Chanana

II Aille	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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Effecti	ive date, if other than the date of filing: (optional)	سب ۱,۱ ۱,۲۰
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed	aş
docum	ent's effective date on the Department of State's records.	
na rec	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier	
	90th day after the record is filed.	UI
Dated ,	<u>January 18</u> , <u>2018</u> ,	
	Signature of a member of authorized representative of a member	
	Daniel Airean	
	Daniel Aigner Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00