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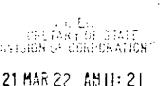
COVER LETTER

TO: Registration Se Division of Cor					
	C PAVERS LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for fifing.			
Please return all correspo	ondence concerning this matter	to the following:			
	ERIKA CANTERO				
		Name of Person			
E & E FINANCIAL SERVICES LLC					
		Firm/Company			
	PO BOX 2612				
		Address			
	WOODSTOCK, GA 3018				
	City/State and Zip Code ERIKA.C.CAN FERO@GMAIL.COM				
	-	to be used for future annual report noti	fication)		
For further information of	concerning this matter, please c	ali:			
ERIKA CANTERO		678 643-0714			
Name o	of Person	at () Area Code Daytim	e Telephone Number		
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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION AND GOOD OF COMPERATION **OF**



MG BRICK PAVERS 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 $\frac{01/14/2016}{1}$ and assigned Florida document number 1.16000010232 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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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: New Registered Office Address: Enter Florida street address

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

City

___, Florida ___

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

| CRETART OF STATE
| OF COSPORATION
| OT COSPORAT

MGR = Manager AMBR = Authorized Member

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<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	VINICIUS NUNER	220 ANN CIRCLE APT 2	□Add
		DESTIN, FL 32541	
AMBR	SUSAN ARCIELAY	220 ANN CIRCLE APT 2	≅ Add
		DESTIN, FL 32541	⊟Remove
		220 ANN CIRCLE APT 2	□Change
AMBR	WAGNER II SILVA	DESTIN, FL 32541	■Add
			□Remove
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			□Add
			□Remove
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n effective date is listed, the date mu	ist be specific and can			ire than 90 days		
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	Signature of a men	this or mire	I parama mana	ul'a presse ···		
	orginature or a men	IOCE OF AUGUSTA	o representative	ога шепиет		
GILMAR RODRIGUE	W/1 /	//				

Filing Fee: \$25.00