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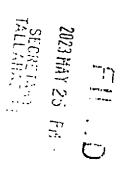
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## **COVER LETTER**

	gistration Sec vision of Corp			
SUBJECT:	Dov	eks Clean	NSeal IIC	
SUBJECT.		eks Clear Name of Limi	ted Liability Company	
The enclosed	d Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return	all correspon	dence concerning this matter	to the following:	
		Derek	Whitten Name of Person	
			Name of Person	
		Deveks C'	rean NSeal LLC Firm/Company	
			Firm/Company	
		19117 S	Sullivan St.	
		<u> </u>	Address	_
		Spring	HULLEL 34609 City/State and Zip Code	
		derek-Sc E-mail address: (1	Jeannsealegman obe used for future annual report notific	cation)
For further in	nformation cor	ncerning this matter, please co	alt:	
0	ovek l	Shitten	at ( <u>3.52</u> ) <u>835 -1</u>	960
	Name of I	Person	Area Code Daytime	Telephone Number
Enclosed is a	a check for the	following amount:		
\$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	<ul> <li>\$55.00 Filing Fee &amp; Certified Copy (additional copy is enclosed)</li> </ul>	□ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	iling Address:		Street Address:	tion
	gistration Se vision of Co		Registration Sectory Division of Corp	
P.C	D. Box 6327	, •	The Centre of Ta	ıllahassee
Ta	llahassee, Fl	. 32314	2415 N. Monroe	Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF 2023 MAY 25

OF

SECRETARY
TALLARIZATION
TA

(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 3-9-16 and assigned Florida document number <u>L16000 48997</u>. This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Proyect Paver LLc

The new name must be distinguishable and contain 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: 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.

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
			□Add
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