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(Req	uestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificate	s of Status
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DIVISION OF COREGRATIONS

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FLORIDA DEPARTMENT OF STATE Division of Corporations

October 11, 2016

LUIS TORRES 1925 NE 45TH ST, STE 128 FT LAUDERDALE, FL 33308

SUBJECT: E & E PAVERS, LLC Ref. Number: L16000147012



We have received your document for E & E PAVERS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Octavia I Simmons Regulatory Specialist II

Letter Number: 916A00021904

www.sunbiz.org

initial of Communities - D.O. DOV 6997 Mullabarra - Florida 9991

COVER LETTER

O: Registration Se Division of Cor			
E & E PA\ UBJECT:	/ERS, LLC		
	Name of Lim	ited Liability Company	
he enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
lease return all correspo	ondence concerning this matter	to the following:	
		LUIS TORRES	
		Name of Person	
	PRO ACCOU	UNTING AND FINANCIAL SOLU	TIONS INC
	<u></u>	Firm/Company	
	1925 NE	45TH STREET SUITE # 128	
		Address	
	FORT L	AUDERDALE FL 33308	
		City/State and Zip Code	
		proacc@comcast.net	
For further information o	concerning this matter, please c	to be used for future annual report notifi all:	cation)
LUIS TOF	RRES	954 667-0 at ()	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
3 \$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

	E & E PAVERS, LLC		
(Name of the Limi	ted Liability Company as it now appea (A Florida Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited L	iability Company were filed on _	AUGUST 05, 2016	and assigned
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name of	f the limited liability company h	ere:	
The new name must be distinguishable and contain the v	words "Limited Liability Company," the	designation "LLC" or the ab	
Enter new principal offices address, if applic	cable:		91 16 TI
(Principal office address MUST BE A STRE)	ET ADDRESS)		S101 71
Enter new mailing address, if applicable:			F-11_ED 16 0CT 17 PH 2: 57 01/01/01/01/01/01/01/01/01/01/01/01/01/0
(Mailing address MAY BE A POST OFFICE	<i>BOX</i>)		<u> </u>
B. If amending the registered agent and registered agent and/or the new registered o	Q	n our records, <u>enter</u>	the name of the new
Name of New Registered Agent:	SEBASTIAN, ESDRAS		
New Registered Office Address:	27684 IMPERIAL RIVER RD	SUITE # 105	
	Enter Flo	orida street address	
	BONITA SPRINGS	. Florida	34134
	City	, 1 121 2 	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	NICOLAS, ELIAS S	27684 IMPERIAL RIVER RD			
		APT # 5	■ Remove		
		BONITA SPRINGS, FL 34134	☐ Change		
MGR	SEBASTIAN, ELIAS	27684 IMPERIAL RIVER RD	Add		
		APT # 5	☐ Remove		
		BONITA SPRINGS , FL 34134	Change		
MGR	SERRANO, ESDRAS	27684 IMPERIAL RIVER RD			
		APT # 5	■ Remove		
		BONITA SPRINGS, FL 34134	☐ Change		
MGR SEBASTIAN, ESDRAS	SEBASTIAN, ESDRAS	27684 IMPERIAL RIVER RD	—————————————————————————————————————		
		APT # 5	ON OF Remote		
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an effective d	late is listed, the date	must be specific a	nd cannot be prio	r to date of filing o	or more than 90 da	ys after filing.) Pi	ursuant to 605.020
	date inserted in thi ffective date on th				ming requiremen	is, inis date wi	ii not be fisted a
	pecifies a dela day after the			ot an effectiv	e time, at 12	:01 a.m. on	the earlier o
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00