## 116000154240

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SECRETARY OF STATE

S. WARREN AUG 3 1 2017

## **COVER LETTER**

TO:	Registration Sec Division of Corp				
		K PAVERS LLC			
SUBJ	ECT:	Name of Limi	ted Liability Company		·
The ei	nclosed Articles of a	Amendment and fee(s) are subr	mitted for filing.		
Please	return all correspo	ndence concerning this matter t	to the following:		
		LECIO DE PAULA			
			Name of Person		<del></del>
		BRILLIANT TAX SERVI	CES CORP		
			Firm/Company		
		3050 ASHTON RD			
			Address		<del></del>
		SARASOTA, FL 34276			
			City/State and Zip Code		<del></del> -
		brilliantaxservices@gmail.c		· · · · · · · · · · · · · · · · · · ·	
			to be used for future annua	Freport notification	)TI J
For fi	irther information c	oncerning this matter, please co	ıll:		
Lecie	o de Paula		941 81	15-8886	
	Name o	f Person	at () Area Code	Daytime Tel	ephone Number
Enclo	sed is a check for the	ne following amount:			
<b>=</b> \$	25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S\$5,00 Filing Fee Certified Copy (additional copy is er		☐ \$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, F1, 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

A.Y.J BRICK PAVERS LLC			
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our r lability Company)	ecords.)	
The Articles of Organization for this Limited Liability Company $\frac{116000154240}{116000154240}$ .		and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company here:		
The new name must be distinguishable and contain the words "Limited Liabili	ity 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 of registered agent and/or the new registered office address here  Name of New Registered Agent:	fice address on our reg:	cords, enter the name of the nev	
New Registered Office Address:	Enter Florida street	address	
	City	, Florida Zup Code	
New Registered Agent's Signature, if changing Registered Agent:			
— I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	performance of my duti	es, and Lam familiar with and	

If Changing Registered Agent, Signature of New Hemistered Agent

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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 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	ANA C MAIMONI	1553 OAK PARK AVE	
		SARASOTA, FL 34237	■ Remove
			☐ Change
MGR	ANA C FIGUEREO	1553 OAK PARK AVE	
		SARASOTA, FL 34237	□ Remove
			Change
			Remove
			Change
			Remove
			Change
			□ Remove
			And Annage San
			FLORA D
			D <sub>A</sub>
			□ Change

•——			
			IX
ective date, if other than the date of i	filing:	or more than 90 days after t	nar) iling.) Pursuant to 605
Tective date, if other than the date of the effective date is listed, the date must be specificate. If the date inserted in this block does	not meet the applicable statutory	or more than 90 days after this filing requirements, this	nar) iling.) Pursuant to 605 date will not be liste
Tective date, if other than the date of for a cifective date is listed, the date must be specificate:  If the date inserted in this block does becoment's effective date on the Department.	not meet the applicable statutory	or more than 90 days after the filing requirements, this	nar) iling.) Pursuant to 605 date will not be liste
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te: If the date inserted in this block does:	not meet the applicable statutory tof State's records.  ive date, but not an effecti	filing requirements, this	date will not be list
te: If the date inserted in this block does cument's effective date on the Department record specifies a delayed effection he 90th day after the record is fi	not meet the applicable statutory tof State's records.  ive date, but not an effectified.	filing requirements, this	date will not be list
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Filing Fee: \$25.00