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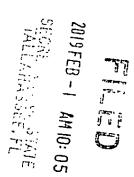
(Red	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	

Office Use Only



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R. WATE E31823

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Critter LLC Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Tyler Robertson	
Elite Pavers LLC Firm/Company	
495 Stan br. #107-108	
Melbourne FL 32904	
City/State and Zip Code Samantha @ 321 west. Com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Samantha Robertson at 321, 914-0822 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$\$ \text{Certificate of Status}\$\$ \text{\$\Bigcup \text{\$55.00 Filing Fee & Certificate of Status}}\$\$ \text{\$\Bigcup \text{\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)}}\$\$ \text{\$\Bigcup \text{\$\Bigcup \text{\$60.00 Filing Fee, 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

Critton 1	2019 FEB - 1 AM 10: 05
(Name of the Limited	Liability Company as it now appears on out records.)
The Articles of Organization for this Limited Lial Florida document number	bility Company were filed on 08 24 2016 and assigned 12280
This amendment is submitted to amend the follow	ving:
A. If amending name, <u>enter the new name of t</u> Elite Pavers U	
	rds "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicat	ole:
Principal office address MUST BE A STREET	ADDRESS)
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE B	<u> </u>
B. If amending the registered agent and/or the new registered offi	r registered office address on our records, enter the name of the ne- ce address here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zin 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 = M $AMBR = A$	lanager .uthorized Member		
<u>Title</u>	Name	Address	Type of Action
· -			Add
			□ Remove
			Change
			□ Remove
			☐ Change
			Add
			Remove
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n effect ite: If	e date, if other than the date of filing:
	rd specifies a delayed effective date, but not an effective time, at $12:01\ a.m.$ on the earlier of the day after the record is filed.
.ed _	January 28 2019

Page 3 of 3

Filing Fee: \$25.00