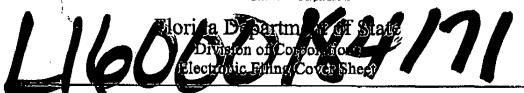
Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : METRO BUSINESS AGENCY, INC.

Account Number : I20080000101

Phone

: (239)466-8600

Fax Number

: (239)275-0865

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Fmail	Address:	
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FIRST CLASS PAVERS AND TILE, LLC

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COVER LETTER

	sion of Co			
SUBJECT:	first cl	ass pavers and tile, ll	c	
Soboaci.		Name of Lim	nited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return	ell correspo	ondence concerning this matter	to the following:	
		TIFFANY BURKE		
			Name of Person	
		METRO BUSINESS AGE	ency, inc.	
			Firm/Company	
		15200 S TAMIAMI TRAI	IL, SUITE 117	
			Address	· · · · · · · ·
		FORT MYERS, FL 33908	I	
			City/State and Zip Code	
		TIFFANY@METROINSU		
		·	to be used for future annual report notifi	ication)
For further inf	formation c	oncerning this matter, please or	ali:	
TIFFANY BURKE			239 466-8600	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a	check for th	ne following amount:		
\$25.0 0 Fil	ling 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 Tallahassec, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FIRST CLASS PAVERS AND TILE, LLC		
(Name of the Limited Liability Company as it now as (A Florida Limited Liability Compa	meam an our records.)	
The Articles of Organization for this Limited Liability Company were filed or	10/03/2016 and assigned	
Florida document number L16000184171		
This amendment is submitted to amend the following:	endment is submitted to amend the following: nending name, enter the new name of the limited liability company here: ame must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" ew principal offices address, if applicable: of office address MUST BE A STREET ADDRESS) ew mailing address, if applicable: address MAY BE A POST OFFICE BOX) mending the registered agent and/or registered office address on our records, enter the name of the new	
A. If amending name, enter the new name of the limited liability compan	v here:	
The new name must be distinguishable and contain the words "Limited Liability Company,"		
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
<u> </u>	<u></u>	
•	20	
Enter new mailing address, if applicable:		
(Malling address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office address registered agent and/or the new registered office address here:	on our records, enter the name of the new	
Name of New Registered Agent:	<u>.</u>	
New Registered Office Address:		
Enter	Florida street address	
	, Florida	
City	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
AMBR	PEREIRA C. ELCIO	4110 CASTILLA CIR	
		APT 206	☐ Remove
		FORT MYERS, FL 33916	☐ Change
			□ Remove
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