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COVER LETTER

	Registration Se Division of Cor						
SUBJEC		ASS PAVERS AND TILE, LL	С				
SUBJEC	· I ·	Name of Limited Liability Company					
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please re	turn all correspo	ondence concerning this matter	to the following:				
		POLLYANNA M MCLEN	NDON				
			Name of Person				
		FIRST CLASS PAVERS	AND TILE, LLC				
			Firm/Company				
	4110 CASTILLA CIRCLE, APT 206						
	Address						
		FORT MYERS, FL 33916					
			City/State and Zip Code	··-			
		POLLYMCLENDON@GN					
		E-mail address: (to be used for future annual report notif	ication)			
For furth	er information c	oncerning this matter, please ca	all:				
POLLYANNA M MCLENDON			239 240-4424 at ()				
	Name o	f Person	Area Code Daytimo	Telephone Number			
Enclosed	is a check for th	ne following amount:					
\$25.0	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:

TO:

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

FIRST CLASS PAVERS AND TILE, LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records ted Liability Company)	<u>v.</u>)
The Articles of Organization for this Limited Liability Compa	any were filed on 10/03/2016	and assigned
Florida document number L16000184171		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited I	iability company here:	
		贡
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC"	" or the abbreviation "E.L.C."
		۔ بی
Enter new principal offices address, if applicable:		<u> </u>
Principal office address MUST BE A STREET ADDRESS	<u> </u>	
		 ယ
Enter new mailing address, if applicable:		,- ω
(Mailing address MAY BE A POST OFFICE BOX)		
		_
B. If amending the registered agent and/or registered		, enter the name of the
registered agent and/or the new registered office address	<u>here</u> :	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	<u> </u>
	imer r iorida sireet address	S
		orida
	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
MGRM	POLLYANNA M MCLENDON	4110 CASTILLA CIRCLE, APT 206	
	· · · · · · · · · · · · · · · · · · ·	FORT MYERS, FL 33916	
			Remove
			■ Change
AMBR	ELCIO C PEREIRA	4110 CASTILLA CIRCLE, APT 206	
		FORT MYERS, FL 33916	
			Remove
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ective date, if other than the date of filing:	(optional) or to date of filing or more than 90 days after filing.) Pursuant to 605.020
e: If the date inserted in this block does not meet the appliament's effective date on the Department of State's record	cable statutory filing requirements, this date will not be listed a
ament's effective date on the Department of State 3 record.	•
record specifies a delayed effective date, but n he 90th day after the record is filed.	ot an effective time, at 12:01 a.m. on the earlier
·	
ed 11/27/2018	·
1 / 11	

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Typed or printed name of signee

Filing Fee: \$25.00