

L170000 78439

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

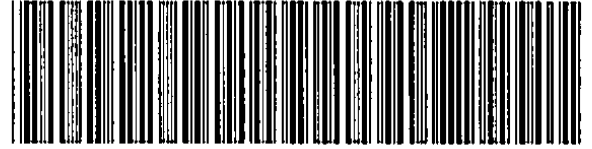
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/28/20--01010--010 **25.00

2020 MAY 28 AM 9:21

FILED

Amend

JUN 1 2020
I ALBRITTON

TO: Registration Section
Division of Corporations

SUBJECT: Imperial Paving, 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:

Rhonda Harman
Name of Person

Imperial Paving, LLC
Firm/Company

PO Box 5306
Address

Lakeland, FL 33807
City/State and Zip Code

rhonda@pavingflorida.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rhonda Harman at (863) 669-8143
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Imperial Paving, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on April 07 2017 and assigned Florida document number L17000078439.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability 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 office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Stephen H. Artman, PA

New Registered Office Address:

925 S. Florida Avenue

Enter Florida street address

Lakeland

City

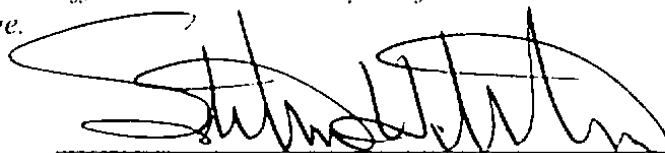
Florida

33803

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 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

Transferring 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>	<u>Address</u>	<u>Type of Action</u>
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AMBR	Michael G. Goodman	4823 Ironwood Trail	<input type="checkbox"/> Add
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(Remove MGR)

Bartow, FL 33830	<input type="checkbox"/> Remove
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	<input checked="" type="checkbox"/> Change
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AMBR	Rhonda D. Harman	3665 Emerald Lane	<input type="checkbox"/> Add
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(Remove MGR)

Mulberry, FL 33860	<input type="checkbox"/> Remove
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	<input checked="" type="checkbox"/> Change
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	<input type="checkbox"/> Add
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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 5/19/2020

Rhonda Harman
Typed or printed name of signee

Filing Fee: \$25.00