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From:

Account Name

: LARSON ACCOUNTING AND CONSULTING SERVICES LLC

Account Number : I20160000067

: (407)370-3686

Fax Number

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WEST ORANGE PAVERS, LLC			
(Name of the Lin	ited Llability Comp (A Florida Limited	any as it now appears on our rec Liability Company)	ords.)
The Articles of Organization for this Limited Florida document number L17000126845	Liability Compan	y were filed on <u>06/09/2017</u>	and assigned
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited lia	bility company here:	
N/A			
The new name must be distinguishable and contain the	words "Limited Liab	oility Company," the designation "I	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if appl	icable:	N/A	
Principal office address MUST BE A STRE	ET ADDRESS)		Fre)
			[77] 
Enter new mailing address, if applicable:		N/A	<u> </u>
Mailing address MAY BE A POST OFFICE	E BOX)		
			<del></del>
B. If amending the registered agent and/or agent and/or the new registered office addr		address on our records, <u>en</u>	ter the name of the new regist
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		
		Enter Florida street add	dress
			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.

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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	FELIPE GIACOMO SCHUMACK	569 FIRST CAPE CORAL DRIVE	<b>=</b> Add
		WINTER GARDEN, FL 34787	□Remove
			□Change
AMBR	HENRIQUE PIO SCHUMARCKE	569 FIRST CAPE CORAL DRIVE	<b>\( \beta\)</b> Add
		WINTER GARDEN, FL 34787	□ Remove
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tive date, if other than the date of fective date is listed, the date must be spec-	of filing:	(optional) of filing or more than 90 days after filing.) Pure tatutory filing requirements, this date will	rsuant to 605
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rd specifies a delayed effective date, liled.	but not an effective time, at	12:01 a.m. on the earlier of: (b) The 90	)th day afte
DECEMBER 04	2020		
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