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(Requestor's Name)	
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(City/State/Zip/Phone #)	
(Business Entity Name)	2 <u>0</u> ! 08/23/
(Document Number)	
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J. HARRIS



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COVER LETTER

O: Registration Section Division of Corporations	<u>ي</u> -
UBJECT: Capital Pavers and Hardscapes LL Constitution of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing.	#
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
lease return all correspondence concerning this matter to the following:	
Kevin Spindola	
Capital Pavers and Hardscapes LLC	
2314 Ruth Lane	
14.55 i MMee FL 34744 City/State and Zip Code	
Capitalpaversflagmail.com E-ntail address: (to be used for future annual report notification)	
or further information concerning this matter, please call:	
Name of Person at (407) 433 0988 Area Code Daytime Telephone Number	
nclosed is a check for the following amount:	
1 \$25.00 Filing Fee	

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Rcy

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



August 25, 2017

KEVIN A SPINDOLA 2314 RUTH LANE KISSIMMEE, FL 34744

SUBJECT: CAPITAL PAVERS AND HARDSCAPES LLC

Ref. Number: L17000177931

We have received your document for CAPITAL PAVERS AND HARDSCAPES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 317A00017594

Jenna D Harris Regulatory Specialist II



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comp (A Florida Limited	and	Hard	scape	SL	<u>L</u> (,
/ (Name of the Limited Liability Comp (A Florida Limited	nany as it now a Liability Comp	ippears on our pany)	records/)			
The Articles of Organization for this Limited Liability Companiform of the Articles of Organization for this Limited Liability Companies. Florida document number <u>L17000/77931</u> .	y were filed o	on <u>\$/2</u>	1/2017	- an	ıd assig	gned
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited lia	bility compa	ny here:				
The new name must be distinguishable and contain the words "Limited Liab	oility Company,	the designatio	n "LLC" or the a	bbreviatio	on "L.L	.C."
Enter new principal offices address, if applicable:				<u></u>	32	
(Principal office address MUST BE A STREET ADDRESS)]3= 1 D	38	
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				<u> </u>	-	ij grena sa
Enter new mailing address, if applicable:					5:	? 7:
(Mailing address MAY BE A POST OFFICE BOX)			-	O. 24 ≽	0: 2	
				34- 34-	C.	
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address here.		ss on our r	ecords. <u>enter</u>	the na	ame o	<u>f_the_new</u>
Name of New Registered Agent:	·					
New Registered Office Address:	Ente	er Florida street	address			
	<u> </u>		, 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	1	Type of Action
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Filing Fee: \$25.00