Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : DDS TAMPA TAX SERVICE

Account Number : I20140000115

Fax Number

Phone : (813)882-8426 " : (813)884-0263

**Enter the email address for this business entity to be used for future

annual report mailings. Enter only one email address please.**

Email Address:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN XAVI INVESTMENTS, LLC

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Electronic Filing Menu Corporate Filing Menu

Help

COVER LETTER

| TO: | Registration So Division of Cor | | | | |
|-----------------|------------------------------------|--|---|--|--------------|
| SUBJE | | PA BAY PAVERS & BRICK | LLC | | |
| 17(110 <u>L</u> | X.1 | Name of Lin | nited Liabituy Company | ··· | |
| The end | closed Articles of | Amendment and fee(s) are sub | omitted for filing. | | |
| Please | return all correspo | ondenue concerning this matter | to the following: | | |
| | | DE CARVALHO, MAKO | os | | |
| | | <u> </u> | Name of Person | | |
| | | 2431 LINWOOD DR | Finn/Company | 18 BE | |
| | | SARASOTA, FL 34232 | Address | C 19 A | # 8:5 |
| | | marquinhotjk@hotmail.com | City/Stare and Zip Code | FLOR | & 25 & 25 |
| | | | to be used for future annual report not | rication) | |
| For furt | ther information c | oncerning this matter, please c | all: | | |
| DE CA | RVALHO, MAR | COS | 941 929-8449 at () | | |
| 1 | Name o | f Person | | ne Telephone Number | |
| Enclose | d is a check for th | ie 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/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| APH TAMPA BAY PAVERS & | BRICK LLC | |
|---|---|--|
| (Name of the Lir | nited Liability Company as it now appear (A Florida Limited Liability Company) | yn our records.) |
| The Articles of Organization for this Limited | Liability Company were filed on 02/ | 05/2018 and assigned |
| Porida document number L18000032905 | | |
| his amendment is submitted to amend the fo | ellowing: | |
| A. If amending name, enter the new name | of the limited liability company he | <u>re</u> : |
| he new name must be distinguishable and contain the | words "Limited Liability Company," the de- | signation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if appl | icable: | 16 16 |
| Principal office address MUST BF. A STRE | ET ADDRESS) | P.C. |
| | | 352. 0 |
| | | Fig. B II |
| nter new mailing address, if applicable: | | |
| Mailing address MAY BE A POST OFFIC | <u> </u> | OR 55 |
| | | <u> </u> |
| . If amending the registered agent an egistered agent and/or the new registered | d/or registered office address on office address here: ITAX GROUP LLC | our records, enter the name of the |
| Name of New Registered Agent: | | |
| | 4040 W WATERS AVE STE 102 | |
| Name of New Registered Agent: New Registered Office Address: | | da street address |
| | | , Florida 33614 Zin Code |

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 herply 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> | Name | Address | Type of Action |
|---------------|---------------------------------|--------------------|---------------------|
| MGR | SILVA DE CARVALHO, MARCOS P. | 2431 LINWOOD DR | |
| | - | SARASOTA, FL 34232 | |
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| Rective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 645.0207 (1) are: If the date inserted in this block does not meet the applicable stanstory filing requirements, this date will not be listed as the cument's effective date on the Department of State's records. The effort specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: The 90th day after the record is filed. December 18 2018 2018 | | | | | | • • | •• |
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| fective date, if other than the date of filing: In effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3) after the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the cument's effective date on the Department of State's records. The 90th day after the record is filed. Decumber 18 2018 2018 | | | | | | · | - |
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