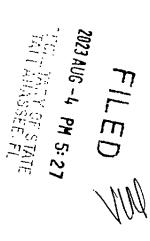
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## **COVER LETTER**

TO:

Registration Section
Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

	ROCK BRICK PAVERS, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	CEREZO, REINA		
		Name of Person	
	JENNIFER YON AGENC	Y	
		Firm/Company	<del></del>
	5401 S. KIRKMAN RD. S	UITE 201	
	•	Address	
	ORLANDO, FLORIDA 32	1819	
		City/State and Zip Code	
	PR@JENNIFERYON.COM	to be used for future annual report notification)	·
For further information c	oncerning this matter, please ca		
CEREZO, REINA		407 860-7069 at ()	
Name o	f Person	Area Code Daytime Teleph	one Number
Enclosed is a check for the	ne 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 Addres Registration S	Section	Street Address: Registration Section	
Division of C	corporations	Division of Corporation	ons

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HIDDEN ROCK BRICK PAVERS, LLC		<u>.    </u>	
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our record Liability Company)	<u>s.</u> )	
The Articles of Organization for this Limited Liability Company Florida document number L18000121003	were filed on 05/15/2018	and assi	gned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC	" or the abbreviation "L.1	C."
Enter new principal offices address, if applicable:	2601 Sunbranch Drive		
Principal office address MUST BE A STREET ADDRESS)	Orlando, Florida 32822		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	2601 Sunbranch Drive Orlando, Florida 32822	2023 /	
		UG	
		-	
3. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	address on our records, enter		tegi
		5: 2 STAT	
Name of New Registered Agent:		<del></del> -	
New Registered Office Address:	Enter Florida street addres:	<i>s</i>	
	Fla	orida	
<del></del>	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 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	SOARES BATISTA, ALEXANDR	45 WINTER RIDGE CIR	□Add
		ORLANDO, FL 32835	Remove
			Change
			□Add
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