## L18000159103

(Requestor's Name)
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PICK-UP WAIT MAIL
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## **COVER LETTER**

	s Asphalt PavingL.L. Name of Limi	ted Liability Company	
The enclosed Articles of A	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspon	ndence concerning this matter t	to the following:	
		Stephen L. Paytas	····
		Name of Person	
	S. Paytas A	Asphalt paving L.L.C.	<del></del>
		Firm/Company	
		411 Laurie ave.	
		Address	
		Port Orange Florida 32127	
		City/State and Zip Code	<del></del> ,
		paytas1@gmail.com	Emailies -
		to be used for future annual report notif	ication)
For further information co	oncerning this matter, please ca	all:	
Stephen Paytas		at (386) 843-5096	
Name of	f Person	Area Code Daytime	e Telephone Number
Enclosed is a check for th	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 ADDRESS:

Registration Section Division of Corporations

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

S.Paytas Asphalt I	Paving LLC	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) .iability Company)	
he Articles of Organization for this Limited Liability Company	were filed on June 29 2018	and assigned
lorida document number L18000159103		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab maintenance L.L.C.	ility company here: S.Paytas As	phalt Fencing &
ne new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" of	or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		<u>.                                    </u>
Principal office address MUST BE A STREET ADDRESS)		
nter new mailing address, if applicable:		
Auiling address MAY BE A POST OFFICE BOX)		
If amending the registered agent and/or registered office egistered agent and/or the new registered office address here	address on our records, <u>enter 1</u> :	he name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flor	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>	Name	Address	Type of Action
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ed	•:a.	nature of a member or au	thorized representative		

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Filing Fee: \$25.00