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(Re	questor's Name)	
	dress)	
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(Cit	ry/State/Zip/Phone	e #)
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DIVISION OF CORPURATION

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COVER LETTER

Division of Corp	porations		
SUBJECT: _A ∉	C Pavers Name of Lim	and Landscap	oing, LLC
The enclosed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspor	ndence concerning this matter	to the following:	
	Ilona M	1arduhayev Name of Person	
	A&C Pave	rs and Lands	caping, LLC
	14789 Su	igar Cane W	Jay
	Clearwat	er FL 3376 City/State and Zip Code	0
	ACPAVERS E-mail address: (t	S 4 U O 9 MO 1 / to be used for future annual report notif	ication)
For further information co	ncerning this matter, please co	dl:	
лісілісікноккк 7	Tona Mardu	hayer (727) 608	-9085
Name of	Person	Area Code Daytimo	: Telephone Number
Enclosed is a check for the	e 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:

TO:

Registration Section

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

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	_	
The Articles of Organization for this Limited Liability Company were filed on $\frac{August 9!208}{L18000191071}$ and Florida document number $\frac{L18000191071}{L18000191071}$	assign	ed
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability company here:		
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation Enter new principal offices address, if applicable:	"L.L.C	
(Principal office address MUST BE A STREET ADDRESS)	 ;	⊇— ≤′o
Enter new mailing address, if applicable:	91 SON	HORE TARK
(Mailing address MAY BE A POST OFFICE BOX)	A	중 중 중 도 도 도 도 도 도 도 도 도 도 도 도 도 도 도 도 도
	છ ૧૯ હ	the new
Name of New Registered Agent: Ilong Mardyhayev		
New Registered Office Address: 14789 Sugar Cane Way		

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

Clearwater Florida 33760

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
<u>Juner</u>	Ilona Marduhayer	14789 Sugar Carell	byd Add
		14789 Sugar Care W Clearwater FL 33760	2_□ Remove
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(If an et <u>Note:</u>	ive date, if other than the date of filing:	
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the 90th day after the record is filed.	ne earlier
Dated	August 13th . 2018.	

Page 3 of 3

Filing Fee: \$25.00