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COVER LETTER

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

TO:

Division of Cor	porations		
	NTING AND PAVERS LLC		
SUBJECT:	Name of Lin	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	
	KARLA J GUERRA SAN	ABRIA	
		Name of Person	
	V&A PAINTING AND P	AVERS LLC	
		Firm Company	
	7816 SOUTHSIDE BLVE	84	
		Address	
	JACKSONVILLE, FL 322	256	
		City State and Zip Code	
	E-mail address (to be used for tuture annual report	notification)
For further information e	oncerning this matter, please c	all	
KARLA GUERRA SAN	IABRIA	904 930-001.	
Name o	f Person	Area Code Da	stime Telephone Number
Enclosed is a check for the	ne following amount		
■ \$25,00 Filing Fee	□ \$30 00 Filing Fee & Certificate of Status	☐ \$55 (X) 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	Street Address Registration	Section
Division of C	orporations	DIVISION OF	Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

V&A PAINTING AND PAVERS LLC

company has been notified in writing of this change.

(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) hability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L18000230022</u>	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
V&A PAVERS LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LI C" of	
		128 25.
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		D; =
•		5- K
(Mailing address MAY BE A POST OFFICE BOX)	· · · · · · · · · · · · · · · · · · ·	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	uddress on our records, <u>enter th</u>	ename of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	da
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office	performance of my diates, and provided for in Chapter 605, F.S	l am familiar with and S. Or, if this document is

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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Filing Fee: \$25.00