## 119000046129

| (Requestor's Name)                      |  |  |  |  |  |
|---|--|--|--|--|--|
| (Address)                               |  |  |  |  |  |
| (Address)                               |  |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |  |
| (Document Number)                       |  |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |

Office Use Only



400417633984

10/20/28--01024--017 \*\*25.00

2023 NOT 20 PH 2: 53



## **COVER LETTER**

| A+ Best Paving Maintenance LLC             |  |  |   |  |  |
|--|--|--|---|--|--|
| SUBJECT: Name of Limited Liability Company |  |  |   |  |  |
| losed Articles of                          | Amendment and fee(s) are sub   | mitted for filing.   |   |  |  |
| eturn all correspo                         | ondence concerning this matter   | to the following:  |   |  |  |
|  | Michele L. Taylor  |  |   |  |  |
| Name of Person                             |  |  |   |  |  |
|  | A+ The Best Paving Com   | pany LLC   |   |  |  |
| Firm/Company                               |  |  |   |  |  |
|  | 6919 W. Broward Blvd., Ste 269   |  |   |  |  |
| Address                                    |  |  |   |  |  |
|  | Plantation, FL 33317   |  |   |  |  |
|  |  | City/State and Zip Code  |   |  |  |
|  | • • •  |  |   |  |  |
| her information c                          |  |  | tilication)   |  |  |
| e L. Taylor                                | ·  | 954 294-2154   |   |  |  |
| Name of Person                             |  | Area Code Daytir   | ne Telephone Number   |  |  |
| d is a check for t                         | he following amount:   |  |   |  |  |
| .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      |  | <u>Street Address:</u><br>Registration So  | ection  |  |  |
| Division of Corporations                   |  | Division of Corporations   |   |  |  |
|  |  |  | The Centre of Tallahassee 2415 N. Monroe Street, Suite 810  |  |  |
|  | A+ Best Pace A+ Best Pace A+ Best Pace Articles of eturn all correspondence L. Taylor  Name of the Absolute Abs | Name of Limbourne Name of Limbourne Name of Limbourne Name of Amendment and fee(s) are substantial correspondence concerning this matter  Michele L. Taylor  A+ The Best Paving Com  6919 W. Broward Blvd., 3  Plantation, FL 33317  thebestpaving@yahoo.com  E-mail address:  their information concerning this matter, please concerning this matter. | A+ Best Paving Maintenance LLC  The sturn all correspondence concerning this matter to the following:  Michele L. Taylor  Michele L. Taylor  Michele L. Taylor  A+ The Best Paving Company LLC  Firm/Company  6919 W. Broward Blvd Stc 269  Address  Plantation, FL 33317  City/State and Zip Code thebestpaving@yahox.com  E-mail address: (to be used for future annual report no ner information concerning this matter, please call:  at 1  Area Code  Daytin  Mailling Address: Registration Section Division of Corporations  P.O. Box 6327  The Centre of  The Centre of |  |  |

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| A+ Best Paving Maintenance LLC   |  |   |
|--|--|---|
| ( <u>Name of the Limited Liability C</u><br>(A Florida Lin   | ompany as it now appears on our records.) nited Liability Company) |   |
| he Articles of Organization for this Limited Liability Com   | pany were filed on   | and assigned                                  |
| lorida document number L19000046129  |  | ·   |
| his amendment is submitted to amend the following:   |  |   |
| . If amending name, enter the new name of the limited  | l liability company here:  |   |
| A+ The Best Paving Company LLC   |  |   |
| he new name must be distinguishable and contain the words "Limited   | Liability Company," the designation "LLC" or                       | the abbreviation "L.L.C."                     |
| inter new principal offices address, if applicable:  |  | ~a<br>. =                                     |
| Principal office address MUST BE A STREET ADDRES   |  | -3  |
| The second secon | <u> </u>   | <del>()</del>                                 |
|  | -  | <u>.</u>                                      |
| nter new mailing address, if applicable:   | 6919 W. Broward Blvd.  | <u> 12                                   </u> |
| Mailing address MAY BE A POST OFFICE BOX)  | Suite 269  | ري .  |
| <u> </u>   | Plantation, FL 33317   | <u></u>                                       |
| If amending the registered agent and/or registered of tent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  6919 W.  | Fice address on our records, enter the<br>Broward Blvd., Suite 269 | e name of the new regis                       |
| -  | Enter Florida street address                                       |   |
| Plantation   | on, Floric   | da  |
|  | 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 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> | <u>Name</u>              | Address            | Type of Action  |
|--------------|--------------------------|--------------------|-----------------|
| MGR          | Hyacinthtomei M. Francis | 1439 Bartow Road   | □Add            |
|              |                          | Suite 269          | <b>=</b> Remove |
|              |                          | Lakeland, FL 33801 |                 |
|              |                          |                    |                 |
|              |                          |                    | □Remove         |
|              |                          |                    |                 |
|              |                          |                    | □Add            |
|              |                          |                    | □Remove         |
|              |                          | <del></del>        | □Change         |
|              |                          |                    |                 |
|              |                          |                    | 🖸 Remove        |
|              |                          |                    | □Change         |
|              |                          |                    | \ \_Add         |
|              |                          | <del></del> -      | □Remove         |
|              |                          |                    | □Change         |
|              |                          |                    | □Add            |
|              |                          |                    | □Remove         |
|              |                          |                    | Characa         |

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing:

October 12, 2023

(If an effective date is limited to 1.2) \_\_ (optional) (If 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 605,0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. October 12 2023 Dated Signature of a member of authorized representative of a member Michele L. Taylor Typed or printed name of signee

Filing Fee: \$25.00