



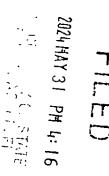
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95/31/24--01024--008 **30.00



COVER LETTER

Division of Co			
	est Paving Company LLC	•	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fec(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Michele L. Taylor		
		Name of Person	<u></u>
	APlus The Best Paving Co	ompany LLC	
		Firm/Company	
	6919 W. Broward Blvd., S	Suite 269	
		Address	
	Plantation, FL 33317		
		City/State and Zip Code	<u> </u>
	thebestpaving@yahoo.com		
		to be used for future annual report	notification)
For further information of	concerning this matter, please co	all:	
Michele Taylor		954 294-215 at ()	54
Name o	of Person		ytime Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration		Street Addres Registration	
Division of C			Corporations
P.O. Box 6327		The Centre of Tallahassee	

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our recorted Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Comp Florida document number <u>L19000046129</u>	any were filed on 05/21/24	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
APlus The Best Paving Company LLC		
he new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	5)	
		20
		ZY HAY
nter new mailing address, if applicable:		. 2 !!
Mailing address MAY BE A POST OFFICE BOX)		
		3 1
		\$ £ 0
 If amending the registered agent and/or registered offigent and/or the new registered office address here: 	ice address on our records, enter	r the name of the new register
gent and/or the new registered office address here.		
Name of New Registered Agent:		
New Registered Office Address:		
- -	Enter Florida street addre	325
		lorida
	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
			□Add
		· · · ·	□Remove
			Change
		-11	
			Remove
			☐ Change
			□ Add
			Remove
			□Change
			□Add
			□Remove
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			□Add
			Remove
			Change

Effective date. If other than the date of filing:		
Effective date, if other than the date of filing: (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 (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. 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 ford is filed. Dated May 2/ Signature of a member or authorized representative of a member		
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	Date	May 2/ 2024.
		1/1/1 _26/
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Filing Fee: \$25.00