LIGODOGOT

-	(Req	uestor's Name)	·
 	(Add	ress)	
	(Add	ress)	<u>_</u>
	(City	/State/Zip/Phon	e #) 🤰
PICK-U	P	WAIT	MAIL
. 21	(Bus	iness Entity Na	me)
	(Doc	ument Number)
Certified Copies		Certificate	
Special Instruction	s to F	iling Officer:	
; 			

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09/17/19--01003--015 **25.00

R. WHITE: SEP 1 8 2019

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

CMS PAVERS LLC				
		- · · -		
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		-	·	
				Art of Inc. File
·				LTD Partnership File
				Foreign Corp. File
				L.C. File
				Fictitious Name File
				Trade/Service Mark
		ļ		Merger File
				Art. of Amend. File
				RA Resignation
				Dissolution / Withdrawal
				Annual Report / Reinstatement
				Cert. Copy
				Photo Copy
				Certificate of Good Standing
				Certificate of Status
		l		Certificate of Fictitious Name
				Corp Record Search
			<u></u>	Officer Search
				Fictitious Search
				Fictitious Owner Search
Signature		•		Vehicle Search
<u></u>				Driving Record
Requested by: SETH				UCC 1 or 3 File
	09/16/19			UCC 11 Search
Name	Date	Time		UCC 11 Retrieval
Walk-In	Will Pick Up			Courier

COVER LETTER

TO: Registration S Division of Co			
CMS PAV	VERS LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sui	bmitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	EMANUELLE OLIVEIR	A	
		Name of Person	···
	CSG CAPITAL SERVICE	ES GROUP INC	
		Firm/Company	
	446 W HILLSBORO BLV	/D	
		Address	
	DEERFIELD BEACH, FI	. 33441	
	emanuelle@thewaygroup.b	City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	ication)
For further information of	concerning this matter, please c	all:	
EMANUELLE		954 4274770 at ()	
Name o	of Person		Telephone Number
Enclosed is a check for t	he 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)
MAIL	ING ADDRESS:	STREET/COURIE	ER ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CMS PAVERS LLC

(Name of the Limited Liability Company as it now appears on our records:) 7 - 21 7 - 33

(A Florida Limited	Clability Company)		
The Articles of Organization for this Limited Liability Company	were filed on 03/07/2019	and assigned	
Florida document number L19000066077			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liah	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	ity 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)	(SS) 1820 WOODLAND CIRCLE #302		
	VERO BEACH, FL 32967		
Enter new mailing address, if applicable:	1820 WOODLAND CIRCLE	: # 30 2	
Mailing address MAY BE A POST OFFICE BOX)	VERO BEACH, FL 32967		
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street addr		
	imer Pioriua sireet uaari	233	
	Citv , F	lorida	
New Registered Agent's Signature, if changing Registered Agent:	Cuiv	Exp Code	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete	ee to act in this capacity. I f	urther agree to comply with t	
provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pering filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, o provided for in Chapter 605	and I am familiar with and , F.S. Or, if this document is	

Page 1 of 3

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
			П Remove
			Change
			
			□ Remove
			Change
		<u> </u>	Add
			□ Remove
			☐ Change
			Add
			□ Remove
			Change
			□ Add
			□ Remove
			□ Change
			D Add
			Remove
			□ Change

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Effect	and date. If ash an should be done of Cities
Note:	ve date, if other than the date of filing: (optional) ective 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 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
the red	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
	16 SEPTEMBER / 2019
Dated	
Dated	- hy
Dated	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00