

219 000107017

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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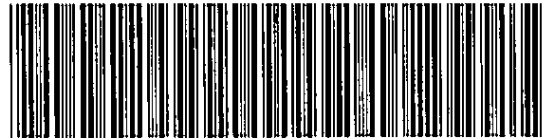
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PAVER PROVISIONS LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JAMES D. MILLS

Name of Person

PAVER PROVISIONS LLC

Firm/Company

32 VICTORIA FALLS WAY

Address

SAINT AUGUSTINE, FLORIDA 32092

City/State and Zip Code

zone5boyz@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LORI T. WEST

904 838-5882
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

PAVER PROVISIONS LLC

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

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The Articles of Organization for this Limited Liability Company were filed on APRIL 18, 2019 and assigned
Florida document number L19000107017.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

32 VICTORIA FALLS WAY

SAINT AUGUSTINE, FLORIDA 32092

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

32 VICTORIA FALLS WAY

SAINT AUGUSTINE, FLORIDA 32092

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

JAMES D. MILLS

New Registered Office Address:

32 VICTORIA FALLS WAY

Enter Florida street address

SAINT AUGUSTINE

City

Florida 32092

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.

James D. Mills
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>	<u>Address</u>	<u>Type of Action</u>
MGR	JAMES D. MILLS	32 VICTORIA FALLS WAY	<input checked="" type="checkbox"/> Add
		SAINT AUGUSTINE, FL 32092	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	GERALD D. GONZALEZ	8079 HUNTERS RIDGE SOUTH	<input type="checkbox"/> Add
		GLEN ST. MARY, FL 32040	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JESSICA L. GONZALEZ	8079 HUNTERS RIDGE SOUTH	<input type="checkbox"/> Add
		8079 HUNTERS RIDGE SOUTH	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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(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)

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.

Dated

05-15-2022

Signature of a member or authorized representative of a member

JAMES D. MILLS

Typed or printed name of signee