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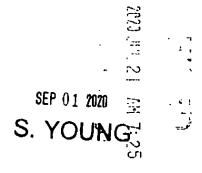
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COVER LETTER

TO: Registration Secti Division of Corpo			
SUBJECT: RENE	W PAVER SEA Name of Limi	ALING LLC ited Liability Company	·
The enclosed Articles of An	nendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	ence concerning this matter	to the following:	
	<u>STEPHEN</u>	J MANSFIELD Name of Person	
	RENEW	PAVER SEALING-	
	1109 L	ADY GOULDIAN Address	CT
	TAMPA	FL, 33613 City/State and Zip Code	
	TMPROSP E-mail address: (i	ERITY C GMAIL, CO to be used for future annual report notific	eation)
For further information cond	cerning this matter, please ea	all:	
STEPHEN J Name of Po	MANSFIELD erson	at (<u>407</u>) <u>\$1</u> \$-1 Area Code Daytime	7340 Telephone Number
Enclosed is a check for the f	ollowing amount:		
∑ \$25.00 Filing Fee	☐ \$30.00 Fiting 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

<u>RENEW PAVER</u>	SEALING LLC	23
(Name of the Limited Liab (A Flor	pility Company as it now appears on order Limited Liability Company)	our records.)
	1	17/2022
The Articles of Organization for this Limited Liability	Company were filed on	17/2020 and assigned
Florida document number <u>L 2 00000 141 3</u> °	9	
This amendment is submitted to amend the following:	:	
A. If amending name, <u>enter the new name of the li</u>	mited liability company here:	, ST
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI	DRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register agent and/or the new registered office address here		ds, <u>enter the name of the new registered</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida st	reet address
		, Florida
	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
AR	LEAH FITZGERALD	_	□Add
		774 WOODSIDE RD.	CAremove
		MAITLAND FL. 32751	□Change
AR	DANIEL MASTEDODNATO		GAdd
		1109 LADY GOULDIAN CT	□Remove
		TAMPA FL. 33615	□Change
			□Add
			□Remove
			□Change
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			🗆 Change
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		·	□Remove
			□Change

<u>-</u>	
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f an effective <u>Note:</u> If the	ate, if other than the date of filing:
e record spe rd is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
	JUNE 15
Dated	7/15/2024 . 2020 .
_	Signature of a member or authorized representative of a member
	STEAKEN J. MANSFIELD Typed or printed name of signce