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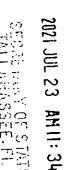
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COVER LETTER

TO:	Registration Se Division of Cor			et.
	PR MASTI	ER BRICK PAVERS LLC		•
SUBJI	ECT:	Name of Lin	ited Liability Company	·
The en	iclosed Articles of	Amendment and fec(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		PABLO ROBSON SENA	DE SOUZA	
			Name of Person	
		PR MASTER BRICK PAY	VERS	
			Firm/Company	
		5807 28TH LN E		
			Address	
		BRADENTON, FL 34203		
			City/State and Zip Code	
		prmasterbrickpavers@gmai		
			to be used for future annual report notif	tication)
For fu	rther information c	oncerning this matter, please co	all:	
PABL	O RÓBSON SEN	A DE SOUZA	941 9288625 at ()	
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclos	sed is a check for th	ne following amount:		
≡ \$2	25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy codditional 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

(Name of the Limited Liability Company as it now ap (A Florida Limited Liability Compa	pears on our records.)
The Articles of Organization for this Limited Liability Company were filed on	03/02/2020 and assigned
lorida document number L20000067994	
his amendment is submitted to amend the following:	
If amending name, enter the new name of the limited liability compan	<u>v here</u> :
he new name must be distinguishable and contain the words "Limited Liability Company."	he designation "LLC" or the obbasviation "LLC"
inter new principal offices address, if applicable:	유전 2
Principal office address MUST BE A STREET ADDRESS)	
	ω
	
nter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	m f
. If amending the registered agent and/or registered office address on or	ir records, <u>enter the name of the new regis</u>
gent and/or the new registered office address here:	
Name of St. D. Co. L.A.	
Name of New Registered Agent:	
New Registered Office Address:	
Enter	Florida street address
	Florido

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.

Cuy

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>	Type of Action
MGR	WESLLEN DE SOUZA	5807 28TH LN E BRADENTON FL 34203	■Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
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fective date, if other than the	e date of filing	ø:		(opti	onal)
fective date, if other than the in effective date is listed, the date munte: If the date inserted in this becument's effective date on the E	dock does not n	neet the applica	o date of filing or mo able statutory filing	ore than 90 days after requirements, thi	filing.) Pursuant to 605.020 s date will not be listed a
ecord specifies a delayed effectivis filed.	ve date, but not	an effective tir	ne, at 12:01 a.m. o	on the earlier of) (F) The 90th day after the
ited	,	. 2021	<u> </u>		
	B	, 41360 So	NA rized representative		