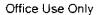
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SUBJECT: Brick	s & Pavers, LLC
	Name of Limited Liability Company
The enclosed Articles of Amendment ar	nd fee(s) are submitted for filing
Please return all correspondence concer	ning this matter to the following:
	Sueda J. Sonthaly Name of Person
	Name of Person
	Bricks & Pavers, LLC
	Firm/Company
	9044 Paolos PI
	Address
	Kissimmee, FL 34747
	City/State and Zip Code
S	ueda @ bricks-pavers.net
	E-mail address: (to be used for future annual report notification)
For further information concerning this	matter, please call:
Sueda J. Sonthal	y at (321) 263-6185
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following ar	nount:
• •	Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, cate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporations	Street Address: Registration Section Division of Corporations The Contract of Tallahasana
P.O. Box 6327 Tallahassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Registration Section Division of Corporations

TO:

TO ARTICLES OF ORGANIZATION OF

bricks Pavers,		
(Name of the Limited Liability Compan (A Florida Limited Li	iy as it now appears on ou lability Company)	r records.)
The Articles of Organization for this Limited Liability Company value of Organization for this Liability Company value of Organization for this Liability Company value of Organization for the Organization	were filed on Apri	1 15, 2020 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the designat	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		202
(Principal office address MUST BE A STREET ADDRESS)		2020 H
Enter new mailing address, if applicable:		PH
(Mailing address MAY BE A POST OFFICE BOX)		*. 5
B. If amending the registered agent and/or registered office as agent and/or the new registered office address here:	ddress on our records	s, <u>enter the name of the new regi</u> s
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stre	et 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 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 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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>		Type of Acti
<u>AMBR</u>	Sueda J. Sonthaly	9046 Papios PI, Kissimmee, FL 34747	_ Add
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(If an eff	ve date, if other than the date of filing:
he recor	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after ed.
Dated	April 28 2020 Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member Sueda J. Sorthaly Typed or printed name of signee