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| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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COVER LETTER

| TO: Registration So Division of Cor | | | |
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| | STATE PAVERS LLC | | |
| SUBJECT: | Name of Lim | ited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | FREDRICK B DAWSEY | | |
| | | Name of Person | |
| | FLORIDA STATE PAVE | RS LLC | |
| | | Firm/Company | |
| | 4795 3-202 | | ytime Telephone Number \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) s: Section Corporations of Tallahassee |
| | | Address | |
| | VERO BEACH, FL, 3296 | 7 | |
| | | City/State and Zip Code | |
| | HQRSINC@GMAIL.COM | to be used for future annual report not | Freet (on) |
| For further information of | concerning this matter, please c | • | ireacony |
| FREDRICK B DAWSE | Y | 772 940-4644 | |
| Name o | of Person | at () Area Code Daytim | e Telephone Number |
| Enclosed is a check for t | he following amount: | | |
| □ \$25.00 Filing Fec | ☐ \$30.00 Filing Fee & Certificate of Status | ■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certificate of Status & |
| Mailing Addres | | Street Address: Registration Sec | ction |
| Division of C | Corporations | Division of Cor | porations |
| P.O. Box 632 Tallahassee, | | | `allahassee e Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| FLORIDA STATE PAVERS LLC | | | | | |
|--|--|--|---|--|--|
| (Name of the Limi | ted Liability Compar (A Florida Limited L | y as it now appears on our records.) iability Company) | | | |
| The Articles of Organization for this Limited I | iability Company | were filed on 02-08-2021 | and assigned | | |
| This amendment is submitted to amend the following | lowing: | | | | |
| A. If amending name, enter the new name o | of the limited liabi | lity company here: | | | |
| STATE OF FLORIDA PAVERS LLC | | | | | |
| The new name must be distinguishable and contain the | words "Limited Liabili | ty Company," the designation "LLC" or | the abbreviation "L.L.C." | | |
| Enter new principal offices address, if appli | cable: | 3055 44TH PL VERO BEACH, FL 32967 | | | |
| (Principal office address MUST BE A STRE | ET ADDRESS) | | | | |
| | | | | | |
| Enter new mailing address, if applicable: | | 3055 44TH PL VERO BEACH, FL 32967 | | | |
| (Mailing address MAY BE A POST OFFICE | BOX) | | | | |
| | | | | | |
| B. If amending the registered agent and/or agent and/or agent and/or the new registered office addre | | ddress on our records, enter the | name of the new register | | |
| Name of New Registered Agent: | FREDRICK B I | DAWSEY | 1 | | |
| New Registered Office Address: | 3055 44TH PL | | | | |
| | | Enter Florida street address | , <u>, , , , , , , , , , , , , , , , , , </u> | | |
| | VERO REACH | | 22067. | | |

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.

City

Schoolging 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 |
|--------------|-------------------|------------------------------------|----------------|
| MGR | FREDRICK B DAWSEY | 3055 44TH PL VERO BEACH , FL 32967 | ■Add |
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| ective da | ite, if other tha | n the date of | filing: | ha naiva to dot | of Eliza or man | op (op | tional) ter filing.) Pursuant to | . CDE 0303 |
| te: If the | date inserted in t | his block does | not meet the | e applicable st | atutory filing r | equirements, t | his date will not be | listed as |
| cument's | effective date on | the Departmen | it of State's r | ecords. | | • | | |
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| cord spec | ifies a delayed ef | fective date, b | ut not an effe | ctive time, at | 12:01 a.m. on | the earlier of: | (b) The 90th day | after the |
| is filed. | | | | | | | • | |
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Typed or printed name of signee