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COVER LETTER

TO:	Regi Divi	stration Sec sion of Corp	ction por _a ctions		
CUDIE		ROCHA PA	IVERS AND REPAIRS,LLC	,	
SUBJE	CI:		Name of Lin	nited Liability Company	
The enc	losed	Articles of A	Amendment and fee(s) are sub	bmitted for filing.	
Please re	cturn	all correspon	dence concerning this matter	r to the following:	
			MARCOS PEREIRA ROC	СНА	
				Name of Person	
			ALLIED SERVICES GRO	OUP.LLC	
				Firm/Company	
			2500 12TH ST		
				Address	
			SARASOTA,FL34237		\$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
				City/State and Zip Code	
			marcosprocha.1978@gmail	l.com	
			E-mail address: ((to be used for future annual report notification)	
For furth	her in	formation co	ncerning this matter, please c	call:	
YANIE	DA SI	LVA		941 404-7413	
		Name of	Person	Area Code Daytime Telephone Number	
Enclosed	d is a	check for the	following amount:		
■ \$ 25.	. 0 0 Fi	ling Fee	S30.00 Filing Fee & Certificate of Status	Certified Copy Certificate of (additional copy is enclosed) Certified Copy	Status & y
		ing Address: istration Se		Street Address: Registration Section	
		sion of Co		Division of Corporations	
	P.O.	Box 6327		The Centre of Tallahassee	
	Tall	ahassee, FI	L 32314	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ROCHA PAIVERS AND REPAIRS,LLC			
(Name of the Limited Liability (A Florida)	y Company as it now appears on or Limited Liability Company)	ir records.)	
The Articles of Organization for this Limited Liability Co	ompany were filed on $\frac{04/08/202}{}$	21	and assigned
This amendment is submitted to amend the following:	_		
A. If amending name, enter the new name of the limit	ted liability company here:		
ROCHA PAVERS AND REPAIRS,LLC			
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designat	ion "LLC" or the abl	oreviation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRI	ESS)		
		 ,	
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
Muning address MAT DE ATOST OFFICE BOX		- ·	· · · · ·
			
3. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records	s, <u>enter</u> the name	e of the new regist
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida stre	et address	
		, Florida	<u> </u>
	City		7in 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:

<u>or removed</u>	from our records:		
MGR = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
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Filing Fee: \$25.00