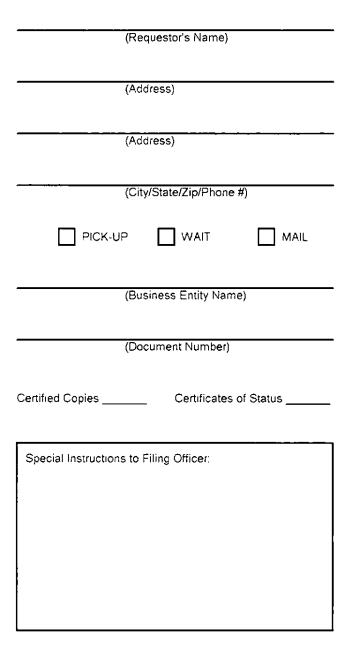
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## **COVER LETTER**

то:	Registration Sec Division of Corp		•	4
SUBJE	CT. Phon	mavohasa Pa	vers LLC	
30031	.c., <u>, , , , , , , , , , , , , , , , , , </u>	Name of Limi	ted Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspon	ndence concerning this matter	to the following:	
		Maria M. Co	Idas - Lopes Name of Person	
		Made in Bro	Firm/Company	<del></del>
		12811 Kenm	ood Lane, 5+c 20	8
		Fort Myers	FL 33907 City/State and Zip Code	
		<u>madein brazil</u> E-mail address: (	services hot mail to be used for future annual report not	ification)
For fu	rther information co	oncerning this matter, please co	all:	
<u> </u>	laria M. (	Caldas. Lopes Person	at ( <u>239</u> ) <u>8106</u> Area Code Daytim	079 ne Telephone Number
Enclos	sed is a check for th	ne following amount:		
□ \$2	25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres Registration S		<u>Street Address:</u> Registration Sc	ection
Division of Corporations			Division of Co	rporations
	P.O. Box 632		The Centre of	
	Tallahassee, l	FL 32314	Z410 IN. MONTO	e Street, Suite 810

Tailahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Phommavohasa (Name of the Estimated L.)	Payers LLC iability Company as it now appears on our recor	rds.)	
(A F	lorida Limited Liability Company)		
<u>-</u>	ity Company were filed on02.09.	and assigned	
Phomnayonasa Pavers LLC (Name of the Limited Liability Company as it now appears on our records.)  (A Florida Limited Liability Company)  The Articles of Organization for this Limited Liability Company were filed on 02.09.2024 and ass Florida document number 1000348491  This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company here:  Phomnayongsa Pavers LLC  The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation" L.  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  The new naming address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name of the new agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Enter Florida street address			
This amendment is submitted to amend the following	ıg:		
A. If amending name, enter the new name of the	limited liability company here:		
Phommavongsa Pavers LL			
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LL	.C" or the abbreviation "L.L.C."	
Fater new principal offices address, if applicable	·:		
• •		ź	
Principal office address MUST BE A STREET A	<i>DDRE33</i> /	7 .	
	<del> </del>		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BO	new mailing address, if applicable:  ing address MAY BE A POST OFFICE BOX)		
	<del>-</del>		
B. If amending the registered agent and/or regis	tered office address on our records, ente	er the name of the new registere	
agent and/or the new registered office address he	<u>ere</u> :		
Name of New Registered Agent:		<del> </del>	
New Registered Office Address:			
	Enter Florida street addr	ress	
	. <b>F</b>	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 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
-			□ Add
			Remove
			□Change
			□Remove
			□Change
			□ Add
			□Remove
	<u></u>		□Add
		<del></del>	□Remove
			□Change
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			□Change

Effective date, if other than the date of filing:					<u> </u>	. <u></u>			
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Siena		February 16	)	_, 20	<u>24</u> .				
Signature of a member or authorized representative of a member	Dated	•	2						
Signature of a member or authorized representative of a member	Dated		<b>~</b> . \	/					
	Dated		سعارتهدم /	<u> </u>			1		

Filing Fee: \$25.00