Division of Corporations

Florida Department of State Division of Consorations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : JAMES RIDOUT SERVICES, INC.

Account Number : I20200000019

Phone : (954)368-3817

Fax Number

: (954)530-8043

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

accounting team coursions con cour Email Address: MACH

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN OWN THE PAVEMENT LLC

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COVER LETTER

TO:	Registration S Division of Co	ection rporations	•		•
SUBJE	Own The F	avement LLC			•
JODJE	CI	Name of Lim	nited Liability Company	· · · · · ·	
		Amendment and fee(s) are sub			
		Brandon Ameaud			
			Name of Person		_ _
	Own The Pavement LLC				
			Firm/Company		_
2994 Oakbrook Drive					
					_
		Weston, FL 33332			
		sales@ownthepavement.com	City/State and Zip Code		-
			to be used for future annual repo	rt notification)	
For furth	ner information o	oncerning this matter, please ca	all;		
Brandon Arneaud		352 809-65	597		
	Name o	f Person	Area Code E	Daytime Telephone Numbe	·r
Enclose	d is a check for th	se following amount:			
□ \$ 25	.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (add:tional copy is enclosed) Certified	ate of Status &

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

2022 HÀY 1	<u>ئے</u> 11 _ 17
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Own The Pavement LLC		- ;
(Name of the Limited L (A F	lability Company as it now appears on our recor- lorda Limited Liability Company)	<u>+</u>
The Articles of Organization for this Limited Liabil Florida document number L22000060778	ity Company were filed on 02/08/22	and assigned
his amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	limited liability company here:	
he new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLo	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	::	
Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
3. If amending the registered agent and/or regis gent and/or the new registered office address he	tered office address on our records, <u>enter</u> ere:	r the name of the new regi
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	Para Planta	
	Enter Florida street addre	zz.
-	, F	lorida Zip Code
	C++,y	4:p Coae

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>	Name	Address	Type of Action
AMBR	Tracie Jones	2994 Oakbrook Drive	= Add
		Weston, FL 33332	□ Remove
			Change
			DAdd
			□Remove
			□Change
			☐Add
			□Remove
			☐ Change
			□ Add
			□Remove
			□ Change
			DAdd
			□Remove
			□Change
			□Add
			□Remove
			∏ Change

If amending any other in	formation, enter	change(s) here	: (Attach addi	tional sheets, if ne	ecessary.)	
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ffective date, if other the an effective date is listed, the divote: If the date inserted in ocument's effective date on			o date of filing or note that the statutory filing	(opt nore than 90 days after ng requirements, th	ional) of filing.) Pursuant to 60 is date will not be lis	95.0207 ited as
record specifies a delayed e l is filed.	ffective date, but no	t an effective tim	ne, at 12:01 a.m.	on the earlier of: (b) The 90th day aft	er the
ated May 9		2022	_•			
	Signature of a	member or author	ized representativ	of a member		
James Ridout, Re	gistered Agent					
	-	Typed or printed	name of signee			

Filing Fee: \$25.00