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COVER LETTER,

Div	ision of Cor	porations		
SUBJECT:	D&D PAVE	ERS SOLUTION LLC		
SOLUTE !		Name of Limite	d Liability Company	·
The enclosed	J Articles of A	Amendment and fee(s) are submi	itted for filing.	
Please return	all correspon	ndence concerning this matter to	the following:	
		SUZI CARVALHO		
			Name of Person	
		LEADER INSURANCE & S	ERVICES LLC	
			Firm/Company	
		5354 S SAN MATEO DR,		
			Address	···
		NORTH PORT-FL - 34288		
			City/State and Zip Code	
		SUZLLEADER@GMAIL.CO		
			oe used for future annua	report notification)
For further in	iformation co	ncerning this matter, please call:		
GERIO FER	REIRA DA O	COSTA		H-592-4858
	Name of	Person	Area Code	Daytime Telephone Number
Enclosed is a	check for the	: following amount:		
□ \$25.00 F	iling Fee	\$30.00 Filing Fee & Certificate of Status		O

TO:

Registration Section

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Cenre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

2022 MAY 13 PM 1:49

D&D PAVERS SOLUTION LLC		CHAIL OF STATE
D&D PAVERS SOLUTION LLC (Name of the Limited Liability Control (A Florida Limited Liability Control Liability Control Limited Liability Control Liabili	ompany as it now appears on our ited Liability Company)	records. FLURIII.
he Articles of Organization for this Limited Liability Comp		
lorida document number L22000100175		
his amendment is submitted to amend the following:		
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	n "LLC" or the abbreviation "LL.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	<u> </u>	
		_
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		
. If amending the registered agent and/or registered off	ice address on our records, s	enter the name of the new regist
gent and/or the new registered office address here:		· · · · · · · · · · · · · · · · · · ·
Name of New Registered Agent:		
	- · · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	Enter Florida street	address
	City	, Florida

N

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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□Add
			□Remove
			🗆 Change
AMBR	GERIO FERREIRA DA COSTA	205 PATTERSON AVE,OSPREY - FL - 34229	□
			■Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗀 Add
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fective date, if other than the date of	filing: 05/03/2022		(optio	alt
an effective date is listed, the date must be specificate. If the date inserted in this block does ocument's effective date on the Department.	lic and cannot be prior to not meet the applica	odate of filing or m ble statutory filin	ore than 90 days after f	ling) Pursuant to 605 0207
record specifies a delayed effective date, but is filed.	at not an effective tim	ne, at 12:01 a.m. o	on the earlier of: (b)	The 90th day after the
oted	2022			
X Gern Fen	reum du	Cost		
Signature	of a member or author	zed representative	of a member	
	6170.16 pp. 6.00	IRA DA COSTA		