# L 2200106638

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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(Document Number)
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### **COVER LETTER**

Registration Section Division of Corporations

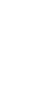
Tallahassee, FL 32314

TO:

CUDIFICE Pobio P.	ick Baying tastallations t.l.C			
SUBJECT: Dania Br	ick Paving Installations LLC 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:		
	Dorivaldo Almeida			
	Name of Person			
		Firm/Company		
	13224 Golden Lime Ave			
		Address	<del></del>	
	Spring Hill, Fl 34609			
	christine0552000@yahoo.co	City/State and Zip Code		
	<b>-</b>	to be used for future annual report no	(ification)	
For further information c	oncerning this matter, please co	all:		
Christine Almeida		857 888-4391		
Name o	f Person		me Telephone Number	
Enclosed is a check for the	he following amount:			
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
<u>Mailing Addres</u> Registration 1		Street Address: Registration S	ection	
Division of C		Division of Co		
P.O. Box 632	•	The Centre of	· · · · ·	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303



## RECEIVED

2022 APR -6 PM 3:51

### FLORIDA DEPARTMENT OF STATE Division of Corporations

SECREMANY OF STATE TALLAHASSEE, FL

March 18, 2022

DORIVALDO ALMEIDA 13224 GOLDEN LIME AVENUE SPRING HILL, FL 34609

SUBJECT: BAHIA BRICK PAVING INSTALLATIONS LLC

Ref. Number: L22000106638

We have received your document for BAHIA BRICK PAVING INSTALLATIONS LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

Please correct the document number for the company.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden Regulatory Specialist II

Letter Number: 222A00006474

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Bahia Brick Paving Installations LLC

2022 APR -6 PM 2: 16

(Name of the Lim	ited Liability Com	pany as it now appears on our r	ecords9ECRET A SWATE
	(A riorida Limite)	і Сіавініў Сопірапу)	COORDINATE TALLAHASSEE, FL
The Articles of Organization for this Limited I	Liability Compan		
Florida document number	<del></del> ·		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited lia	bility company here:	
Bahia Paver Installation LLC			
The new name must be distinguishable and contain the	words "Limited Lial	oility Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	N/A	<u>.</u>
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:		N/A	
(Mailing address MAY BE A POST OFFICE	(BOX)		
B. If amending the registered agent and/or	registered office	address on our records, <u>e</u>	nter the name of the new registered
agent and/or the new registered office addre	ess here:		
Name of New Registered Agent:	<u>N/A</u>		
N D : 1007 AN			
New Registered Office Address:		Enter Florida street a	address
			<b>T.</b>
		City	
New Registered Agent's Signature, if changing	Registered Agen	•	•
I hereby accept the appointment as register provisions of all statutes relative to the propaccept the obligations of my position as regbeing filed to merely reflect a change in the	per and complet istered agent as	e performance of my dutic provided for in Chapter (	es, and I am familiar with and 605, F.S. Or, if this document is
company has been notified in writing of this		an are a series y enry	

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>	Address	Type of Action
		N/A	□Add
			□Remove
			□Change
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(If an effect Note: If	e date, if other than the care date is listed, the date must the date inserted in this blo t's effective date on the Dep	late of filing: be specific and cannot ck does not meet th	e applicable sta			ing.) Pursuant to 605.020
he record s ord is filed	specifies a delayed effective l.	date, but not an eff	ective time, at	12:01 a.m. on th	e earlier of: (b)	The 90th day after the
Dated	March 31	202	2			
	$\bigcap$	<b>`</b>		•		
_	( ' )	nustine Signature of a member	alm	reida		