## K22000 320140

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SECRETARY OF STATE
TALLAHASSEE, FL

2022 AUG 12 AH 9: 06

TO: Registration Division of	on Section Corporations				
	Florida Paver Doctors, LLC				
SUBJECT:	Name of I	Limited Liability Company			
The enclosed Article	es of Amendment and fee(s) are	submitted for filing.			
Please return all corr	respondence concerning this mat	tter to the following:			
	Allen Thompson				
		Name of Person			
	North Florida Paver De	ectors, LLC			
	<del></del>	Firm/Company			
	1300 Shetter Avenue ap	pt. 2203			
		Address			
	Jacksonville Beach, Florida 32250				
		City/State and Zip Code			
	thepaverdoctorslle@gm				
	E-mail addre	ss: (to be used for future annual report notification)			
For further informat	ion concerning this matter, pleas	se call:			
Allen Thompson		903-1952			
N:	ame of Person	at () Area Code Daytime Telephone Number			
Enclosed is a check	for the following amount:				
■ \$25.00 Filing F	ee S30.00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fee & □ \$60,00 Filing Fee,  Solution of Copy (additional copy is enclosed)  □ \$60,00 Filing Fee,  Certified Copy (certified Copy (additional copy is enclosed)			
<u>Mailing A</u> Registrat	ddress: ion Section	Street Address: Registration Section			
Division	of Corporations	Division of Corporations			
P.O. Box		The Centre of Tallahassee			
Tananass	see, FL 32314	2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

TO:

## TO ARTICLES OF ORGANIZATION OF

North Florida Paver Doctors, LLC		
( <u>Name of the Limited Liability Company</u> (A Florida Limited Lia	r as it now appears on our records.) ability Company)	<del></del>
The Articles of Organization for this Limited Liability Company w  Florida document number L22(00)320140		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ty company here:	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the abb	previation "L.L.C"
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		<i>σ</i> 28
		- m - 23
		ALL:
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	ldress on our records, enter the name	ovine new registered
		PAY OF
Name of New Registered Agent:		
		FL GG
New Registered Office Address:	Enter Florida street address	<u>m</u>
	Flavida	
	, Florida	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 agr	ee to comply with the
provisions of all statutes relative to the proper and complete p	performance of my duties, and I am fo	amiliar with and
accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a		

company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

## or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Garett Cooke	17(X) San Pablo Rd, S apt. 520	<b>=</b> Add
		Jacksonville, Florida 32224	□Remove
			Change
AMBR Geoffrey Wolfe	Geoffrey Wolfe	9900 McNeil Dr. apt. 1205	\alpha Add
		Austin, Texas 78750	Remove
			□Change
			\ \_Add
			□Remove
			□Change
			□Add
			□Remove
			☐ Change
			🗆 Add
			□Remove
		····	Change
		<del></del>	□Add

(If an e Note:	tive date, if other than the date of filing:
the reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.
Dated	8/10/22
	Signature of a member or authorized representative of a member
	Allen Thompson
	аны тилирми