L2400000933

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COVER LETTER

	istration Sec ision of Corp					
our marr	ELITE PAV	ERS OF TAMPA LLC				
SUBJECT:	Name of Limited Liability Company					
The enclosed	l Articles of A	Amendment and fee(s) are subn	nitted for filing.			
Please return	all correspon	dence concerning this matter to	o the following:			
		JENNIFER BRIGGS				
			Name of Person			
		CFO SOURCES LLC				
			Firm/Company			
		PO BOX 555				
			Address			
		ODESSA FL 33556				
		-	City/State and Zip Code			
		JENNIFER@CFOSOURCE				
		E-mail address: (to	be used for future annual report notific	ration)	2	
For further in	nformation co	ncerning this matter, please ca	11:			*#* *** i
MELODY F	AGHIII		303 995-9473 at ()		2021 FEB 16	الاعتباد من الاعتباد من الا
	Name of	Person	Area Code Daytime	Felephone Number	FH 2:	J
Enclosed is a	a check for the	e following amount:			FA 5	
■ \$25.00 I	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &	

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ELITE PAVERS OF TAMPA LLC	
(Name of the Limited Liability Compa (A Florida Limited	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number L24000009331	were filed on 01/01/2024 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	25352 Wesley Chapel Blvd
(Principal office address MUST BE A STREET ADDRESS)	Lutz, FL 33559
Enter new mailing address, if applicable:	25352 Wesley Chapel Blvd
(Mailing address MAY BE A POST OFFICE BOX)	Lutz FL 33559
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	enddress on our records, enter the name of the new register.
	Florida
	City Zin 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
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			□ Change
			□Remove
			Change
			□Add
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Effective date, if other than the da (If an effective date is listed, the date must be	ate of filing:			(optiona	ıl)	<u>~</u>
Note: If the date inserted in this block	k does not meet the	applicable sta	t filing or more that tutory filing requ	n 90 days after filt irements, this da	ite will not	be listed as
document's effective date on the Depa	irtment of State's re	ecords.				1 2: 5
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liahruary 6	2024					
Dated February 6	٠ ٠					
	W. C.		presentative of a n			
North	1WV~VV					