P6000034310

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SECRETARY OF STATE

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: $_$	LC PAVERS MAINTENANCE, IN
DOCUMENT NUMBER: Po60	000034310
The enclosed Articles of Amendment and fe	ee are submitted for filing.
Please return all correspondence concerning	g this matter to the following:
AGOSTING (Na	CASTELLA ame of Contact Person)
M+C P	AVERS MAINTENANCE, INC (Firm/Company)
1921 E.R	IVER DR. (Address)
MARGATE, FI	ty/ State and Zip Code)
For further information concerning this mat	
AGOSTINO CASTELLA (Name of Contact Person)	at (754) 367 – 3769 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amou	nt made payable to the Florida Department of State:
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & S52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

FILED 2009 FEB 12 AM 10: 56

(Name of Corporation as currently filed with	the Florida Dept. of at St	ME FI TATE			
P060 000 3431		CORIBA			
(Document Number of Corporation (if known)					
Pursuant to the provisions of section 607.1006, Florida Statufollowing amendment(s) to its Articles of Incorporation:	ites, this <i>Florida Profit</i> (Corporation adopts the			
A. If amending name, enter the new name of the corporation	on:				
The new name must be distinguishable and contain the "incorporated" or the abbreviation "Corp.," "Inc.," or Co". A professional corporation name must contain association," or the abbreviation "P.A."	.," or the designation "(Corp," "Inc," or			
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)					
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	11591 NW	43rd ct			
	CORAL SPRIN	RS, FI			
	33065	<u> </u>			
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad		er the name of the			
Name of New Registered Agent:		-			
New Registered Office Address: (Florida street address)		_			
	0:41	, Florida			
	(City)	(Zip Code)			
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am position.	Agent: familiar with and accep	t the obligations of the			
		Þ			
Signature of New	Registered Agent, if char	nging			

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added: (Attach additional sheets, if necessary)

<u>Title</u>	<u>Name</u>	Address	Type of Action
V. Pres.	ROGERIO SILVA	1921 E RIVER DR. MARGATE , FI 33063	_ Add _ Remove
			_
			Add Remove
	ling or adding additional Articles, entiditional sheets, if necessary). (Be spe Change on Lemove Vice P	cific)	
provisio	nendment provides for an exchange, rons for implementing the amendment of applicable, indicate N/A)		
			•

Th	e date of each amendment(s) adoption: $02/9/09$
	Sective date if annicable:
	(no more than 90 days after amendment file date)
Ad	option of Amendment(s) (CHECK ONE)
	The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
	The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
	"The number of votes cast for the amendment(s) was/were sufficient for approval
	by"
	by" (voting group)
Ø	The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
	The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
	Dated 2/9/09
	Signature Partition (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	AGOSTINO CASTELLA (Typed or printed name of person signing)
	(Typed of printed name of person signing)
	PRESIDENT
	(Title of person signing)