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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: GREAT APPEA	L PAVERS INC	
DOCUMENT NUMBER: P09000016962		
The enclosed Articles of Amendment and fee are	submitted for filing.	
Please return all correspondence concerning this m	natter to the following:	
121 TRUMAN AVE, LEH	IGH ACRES FL 33936	
	Name of Contact Person	1
ADRIANA FRANK		
	Firm/ Company	
 	Address	
	City/ State and Zip Code	e
marlisummers@hotmail.com		
E-mail address: (to be	used for future annual report	notification)
For further information concerning this matter, ple	ease call:	
ADRIANA FRANK	at (²³⁹	de & Daytime Telephone Number
Name of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amount mad	e payable to the Florida Depa	artment of State:
□ \$35 Filing Fee & Certificate of Status	■\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Articles of A	mendment
to	
Articles of Inc	corporation
GREAT APPEAL PAVERS INC	
P 09000016962	ty filed with the Florida Dept. of State) f Corporation (if known)
(Document Number o	f Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporatio "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	n," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	121 TRUMAN AVE
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	LEHIGH ACRES FL 33936
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	121 TRUMAN AVE
	LEHIGH ACRES FL 33936
D. If amending the registered agent and/or registered office add	ress in Florida, enter the name of the
new registered agent and/or the new registered office address Name of New Registered Agent	<u>K.</u>
(Florida str	reel address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar	
Sionature of New F	Registered Agent, if changing

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)

Please note the officer/director title by the first letter of the office title:

 $P = President; \ V = Vice \ President; \ T = Treasurer; \ S = Secretary; \ D = Director; \ TR = Trustee; \ C = Chairman or Clerk; \ CEO = Chief Executive Officer; \ CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.$

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	PT	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	S	MICHAEL ALLEN CROWE	18413 ORANGECREST CT
X Add			LEHIGH ACRES FL33936
Remove			
2) Change	•••		···
Add			
Remove			
3) Change			
Add			
Remove			<u> </u>
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additional sheets, if necessary).	rticles, enter change(s) here:
/A	ine specific)
······································	
<u> </u>	
	
	
If an amendment provides for an exc	change, reclassification, or cancellation of issued shares,
provisions for implementing the am	mendment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
/A	

	07/06/2016	
The date of each amendment(s) ad	loption:	, if other than the
date this document was signed.		
07/0 Effective date <u>if applicable</u> :	6/2016	
Effective date in applicable.	(no more than 90 days after amendment file date)	
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirement partment of State's records.	s, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were ado by the shareholders was/were suf	pted by the shareholders. The number of votes cast for the ame	ndment(s)
☐ The amendment(s) was/were app must be separately provided for	roved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendmen	g statement t(s):
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and sl	nareholder
The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareh	older
07/07/2016 Dated Signature	Munic	
(By a di	rector, president or other officer - if directors or officers have r	not been
selected	l, by an incorporator - if in the hands of a receiver, trustee, or o	ther court
appoint	ed fiduciary by that fiduciary)	
	ADRIANA FRANK	
•	(Typed or printed name of person signing)	
	PRESIDENT	
•	(Title of person signing)	