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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	RATION:	AVING SOLUTIO	NS, INC	
DOCUMENT NUM	P090000 38849			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following	; ;	
	Rhonda Littriello			
	· · ·	Name of Contac	t Person	1
	CrossRoads Paving Solution	s, Inc.		
		Firm/ Comp	anv	
	8050 N. University Drive, St	•	-	
	-	Address	<u> </u>	
	Tamarac, FL 33321			
		City/ State and 2	Zip Cod	e
rlittr	iello@erossroadspaving.net			
	E-mail address: (to be us	sed for future annua	l report	notification)
	·		•	
For further informatic	on concerning this matter, pleas	se call:		
Rhonda Littriello		954 at (752-9695
Name			de & Daytime Telephone Number	
Enclosed is a check fo	or the following amount made	payable to the Flori	da Depa	artment of State:
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing I Certified Copy (Additional copenclosed)		□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327			Amend Division Clifton	Address Iment Section on of Corporations Building
Tal	2661 Executive Center Circle			

Tallahassee, FL 32301

Articles of Amendment

to Articles of Incorporation

of

CROSSROADS PAVING SOLUTIONS, INC.

2019 S.T. 13 AMTH: 07

(Name of Corporation as current	v filed with the Florida Dept. of State)
P09000038849	
(Document Number o	f Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	VA
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: (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)	MA
D. If amending the registered agent and/or registered office address registered agent and/or the new registered office address	
Name of New Registered Agent	
New Registered Office Address:	ret address) Florida
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar v	
	NA
Signature of New I	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	<u>PT</u>	John Doe	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	CFO	MICHAEL JUSKIEWICZ	8050 N. UNIVERSITY DR.
XAdd			STE 204
Remove			TAMARAC, FL 33321
2) Change		_	
Add			
Remove			
3) Change		_	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
(Channe			
6) Change			_
Add			
Remove			

Attach additional she	ng additional Articles, enter change(s) here: ets, if necessary). (Be specific)
	<u>. </u>
<u> </u>	
	
f an amendment pro	ovides for an exchange, reclassification, or cancellation of issued shares, ementing the amendment if not contained in the amendment itself:
(if not applicable	e, indicate N/A)
	1
	N
- -	

	08/27/2019	
The date of each amendment(s) date this document was signed.	adoption:	, if other than th
	/27/2019	
Effective date <u>if applicable</u> :	(no more than 90 days after amendme	ent file date)
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing open partment of State's records.	requirements, this date will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were a by the shareholders was/were:	dopted by the shareholders. The number of votes cast afficient for approval.	for the amendment(s)
	proved by the shareholders through voting groups. To each voting group entitled to vote separately on the	
"The number of votes ca	t for the amendment(s) was/were sufficient for appro-	val
by	(voting group)	``
	(voting group)	
☐ The amendment(s) was/were action was not required.	lopted by the board of directors without shareholder a	action and shareholder
☐ The amendment(s) was/were action was not required.	lopted by the incorporators without shareholder action	and shareholder
08/27/20 Dated		
selec	director, president or other officer – if directors or of ed, by an incorporator – if in the hands of a receiver, nted fiduciary by that fiduciary)	
	RHONDA LITTRIELLO	
	(Typed or printed name of person signin	g)
	SECRETARY	
	(Title of person signing)	