P11000092195

(Re	equestor's Name)	
(Ad	idress)	
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(Cit	ty/State/Zip/Phone	e #)
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SECRETARY OF STATE
AND ASSET FINANCES

NOV 3.0 2012

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: ONE STOP PAVERS, INC.			
DOCUMENT NUMBER: P11000092195			
The enclosed Articles	of Amendment and fee are su	omitted for filing.	
Please return all corres	spondence concerning this mat	ter to the following:	
	ELOY GONZALE	Z	
		Name of Contact Persor	<u> </u>
	ONE STOP PAVI		•
		Firm/ Company	
12430 VISTA ISLES DR #1318			
		Address	
	SUNRISE, FLOR	IDA 33325	
		City/ State and Zip Code	
JIM	IENEZACCOUNT	ING@GMAIL.C	OM
		ed for future annual report	
For further information concerning this matter, please call:			
ELOY GONZALEZ at (954) 607-8761 Name of Contact Person Area Code & Daytime Telephone Number		607-8761	
Name o	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:			
■ \$35 Filing Fee	□\$43.75 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)
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Division Clifton	Address ment Section n of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of

	01	
ONE STOP PAVERS, INC.		
(Name of Cor	poration as currently filed with the Florida Dept. of State)	
P11000092195		
	(Document Number of Corporation (if known)	

(Docume)	nt Number of Corporation (if known)		
Pursuant to the provisions of section 607, its Articles of Incorporation:	.1006, Florida Statutes, this <i>Florida Profit Co</i>	rporation adopts the following	amendment(s) t
A. If amending name, enter the new na	ame of the corporation:		
		,	The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	tain the word "corporation," "company," nation "Corp," "Inc," or "Co". A profession," or the abbreviation "P.A."	or "incorporated" or the abl	breviation
B. Enter new principal office address, (Principal office address MUST BE A S	if applicable: TREET ADDRESS)		
C. Enter new mailing address, if apple (Mailing address MAY BE A POST)			
D. If amending the registered agent an new registered agent and/or the new	<u>ıd/or registered office address in Florida, e</u> w registered office address:	nter the name of the	
Name of New Registered Agent	ELOY GONZALEZ	·	
	12430 VISTA ISLES DR#	1318	
	(Florida street address)		
New Registered Office Address:	SUNRISE	, Florida 33325	
	(City)	(Zip Code)	
		.,	
New Registered Agent's Signature, if c I hereby accept the appointment as regist		ons (1.5) • • • • • • • • • • • • • • • • • • •	12
i nereby accept the appointment as regis	greyayeni. 1 am jampar with and accept th	e obligations of the position:	3 n
	gnature of New Registered Agen, if changing	ASS ASS	29
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		200	_

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.

Example:

X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	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	<u>P</u>	CAROLYN GONZALEZ	12430 VISTA ISLES DR
Add			SUNRISE, FL 33325
X Remove			
2) Change	Р	ELOY GONZALEZ	12430 VISTA ISLES DR
X Add			SUNRISE, FL 33325
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			-
5) Change			
Add			
Remove			
6) Chanca			
6) Change	<u></u>		
Add			
Remove			

tach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
	
an amendment provides for an exch rovisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
	.

The date of each amendment(s) adoption: 10/20/2012		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were adopte by the shareholders was/were suffice	ed by the shareholders. The number of votes cast for the amendment(s) cient for approval.	
	ved by the shareholders through voting groups. The following statement ch 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	(voting group)	
☐ The amendment(s) was/were adopte action was not required.	ed by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopte action was not required.	ed by the incorporators without shareholder action and shareholder	
Dated_10/20/20)12	
Signature (By a directed, by selected, by the selected by the	ctor, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court fiduciary by that fiduciary)	
<u>C</u>	AROLYN GONZALEZ	
	(Typed or printed name of person signing)	
Р	RESIDENT	
	(Title of person signing)	