P12 0000 61773

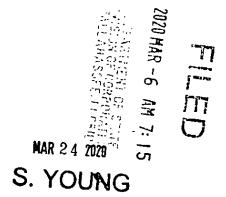
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: KLM BRICK & PA	AVERS SERVICES INC	
DOCUMENT NUMB			
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	oondence concerning this ma	tter to the following:	
1	NILTON DE MORAIS		
-		Name of Contact Person	1
_		Firm/ Company	
4	1140 PEACH DRIVE		
<u>-</u>	A CV CONIVILLE	Address	
-	ACKSONVILLE	City/ State and Zip Code	e
1	FL		
-	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, plea	se call:	
NILTON DE MORAIS	;	904 at (
Name of Contact Person			de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 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 The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

KLM BRICK & PAVERS SERVICES INC

(Name of Corporation as curre	ntly filed with the Florida Dept. of State)
P12000061773	
(Document Number	r of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, thits Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.2"	A professional corporation name must contain the word
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) D. If amending the registered agent and/or registered office as	
new registered agent and/or the new registered office address Name of New Registered Agent	<u>ess:</u>
(Florida	street address)
New Registered Office Address:	, Florida (City) (Ztp Code)
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia	<u>· · · · · · · · · · · · · · · · · · · </u>
Signature of New	Registered Agent, if changing
Check if applicable ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (1)	1) (e), F.S.

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)

Example:

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{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
I) Change	V	ELIZABETE R MORAIS	4140 PEACH DRIVE
X Add			JACKSONVILLE, FL 32246
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary	rticles, enter change(s)). (Be specific)			
<u> </u>				
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	····			
f an amendment provides for an exprovisions for implementing the a	xchange, reclassification	n, or cancellation of iss	sued shares.	
(if not applicable, indicate N/A)	menument it not contai	ned in the amendment	. RSCII.	
				
				
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	doption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the D	lock does not meet the applicable statutory filing requirements, tepartment of State's records.	his date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ad action was not required.	opted by the incorporators, or board of directors without shareholde	er action and shareholder
☐ The amendment(s) was/were ad by the shareholders was/were so	opted by the shareholders. The number of votes cast for the amend afficient for approval.	ment(s)
	proved by the shareholders through voting groups. The following steach 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)	
02/15/2019	ł	
Dated		
Signature	Imry.	
selecte	irector, president or other officer – if directors or officers have not d, by an incorporator – if in the hands of a receiver, trustee, or othe ted fiduciary by that fiduciary)	
	NILTON DE MORAIS	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	