(1	Requestor's Name)
(4	Address)
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PICK-UP	☐ WAIT ☐ MAIL
	Business Entity Name)
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R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: FIRST COA	AST PAVERS TI	EAM INC		
DOCUMENT NUMBI	D1200006077				
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.			
Please return all corresp	ondence concerning this mat	tter to the following:			
	LUCIMAR VILARINO MUSCH				
	Name of Contact Person				
	LM	TAX SERVICES	<u> </u>		
_		Firm/ Company			
	4241 BAY	MEADOWS RD	, SUITE 4		
-	Address				
	JACKSON	NVILLE, FL 322	17		
-	** · · · -	City/ State and Zip Code	2		
	LMTAXSE	RVICES2013@	GMAIL.COM		
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	concerning this matter, pleas	se call:			
LUCIMAR VII	ARINO MUSCH	at (904	410-8344		
Name of Contact Person Area Code & Daytime Telephone No			de & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Depa	rtment 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)		
Mailing Address		Street	Address		
Amendment Section		Amendment Section			
	ion of Corporations Box 6327	Division of Corporations Clifton Building			
	hassee, FL 32314	2661 Executive Center Circle			
		Tallahassee, FL 32301			

Articles of Amendment

to

Articles of Incorporation

FIRST COAST PAVERS TEAM INC

(Name of Corporation as currently filed with the Florida Dept. of State) (Name of Corporation as currently filed with the Florida Dept. of State)

P1200069772
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to 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 "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)
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 address in Florida, enter the name of the new registered agent and/or the new registered office address:
Name of New Registered Agent LM TAX SERVICES
4241 BAYMEADOWS RD, SUITE 4 (Florida street address)
New Registered Office Address: JACKSONVILLE Florida 32217 (City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. Signature of New 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 <math>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 Doc	
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	VP	GILMAR A PEREIRA	3905 WINDRIDGE CT
Add		——————————————————————————————————————	JACKSONVILLE, FL 32257
Remove			
2) Change			
Add			
Remove			
3) Change	 		
Add			
Remove			
4) Change	<u></u>		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

ttach additional sheets, if necessary).	icles, enter chang (Be specific)				
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an amendment provides for an exch	ange, reclassifica	<u>ition, or can</u>	cellation of	issued sha	res,
ravisions for implementing the amou		ntaineu in tr	<u>ę amenomi</u>	ent itsen:	
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The date of each amendment(s) ado date this document was signed.	ption:	_, if other than the
Effective date if applicable:		
Enective date in applicable:	(no more than 90 days after amendment file date)	_
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes cast for the amendment(s) icient for approval.	
The amendment(s) was/were appromust be separately provided for each	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):	
"The number of votes cast fo	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
اكت	ted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adop action was not required.	ted by the incorporators without shareholder action and shareholder	
Dated 11/03/201	14	•
selected,	ector, 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 d fiduciary by that fiduciary)	
	VAGNER SILVA	
~~	(Typed or printed name of person signing)	_
_	PRESIDENT	
	(Title of person signing)	