P12000878723

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(Address)
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(Business Entity Name)
(Document Number)
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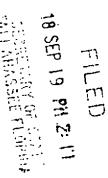




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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: PAVERS PROFES	SSIONAL INC			
DOCUMENT NUMBI	ER: P12000078723				
The enclosed Articles o	f Amendment and fee are su	bmitted for filing.			
Please return all corresp	ondence concerning this ma	tter to the following:			
		LUCIMAR V MUS	SCH		
_		Name of Contact Person	n		
	l	M ACCOUNTING & PA	YROLL SERVICES LLC		
_		Firm/ Company			
	42:	21 BAYMEADOWS RD, S	SUITE 1		
_		Address			
	JAC	KSONVILLE, FL 32217			
_		City/ State and Zip Cod	c		
	LUCIMAR@LMSERVIC	ECUCA COM			
	=	sed for future annual report	notification)		
	2 (1111)	,	,		
For further information	concerning this matter, pleas	se call:			
LUCIMAI	R V. MUSCH	904 at (110-8344		
Name of	Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:		
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
	ng Address	Street	Address		
	dment Section	Amendment Section			
	ion of Corporations 3ox 6327		Division of Corporations Clifton Building		
	nassee, FL 32314	2661 Executive Center Circle			

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

PA:	٧	ERS	PR	OF	ESS	Юl	NΛ	Į,	INC
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(Name of Corporation	n as currently file	d with the Florida	Dept. of State)	-	
P12000078723					
(Docume	ent Number of Cor	poration (if known)			
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Flore	ida Profit Corporatio	on adopts the fol	lowing amen	dment(s) to
A. If amending name, enter the new name of the cor	rporation:				
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp, word "chartered," "professional association," or the a	" "Inc," or "Co".	A professional con	corporated" or rporation name	the abbrevia	new tion the
B. Enter new principal office address, if applicable:				,	·
(Principal office address <u>MUST BE A STREET ADD</u>	<u>RESS</u>)				, 1_
				12:00 TC 2:25 =	<u> </u>
	_			- 1	• [1] • [
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	<u>x</u>) _				
	_				¥ _ .
					_
D. If amending the registered agent and/or registered		n Florida, enter the	name of the		
new registered agent and/or the new registered of	office address:				
Name of New Registered Agent					
	(Florida street ac	ldress)			
New Registered Office Address:		 	, Florida		
	(City	,		(Zip Code)	
New Registered Agent's Signature, if changing Registereby accept the appointment as registered agent.		and accept the oblige	itions of the pos	ition.	
Siona	ture of New Regist	ered Agent, if chang	ing		

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 De	<u>oc</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally St	mith	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
I) Change	VP		MICHAEL JOHSON	6886 INTEGRA COVE BLVD
Add			<u> </u>	ORLANDO, FL 32821
X Remove				
2) Change				
Add				
Remove				
3) Change		_		
Add				
Remove				
. 4) Change				
, Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add		_		
Remove				

	adding additional Artical sheets, if necessary).	(Be specific)			
<u> </u>		-			
					
		 			<u>-</u> .
		<u></u>			
					
					
					_
					
lf an amendm	nt provides for an exch	ange, reclassificati	on, or cancellation	of issued shares,	
provisions for	implementing the amer dicable, indicate N/A)	adment if not conta	ained in the amend	iment itself:	
	acante, marcate wa)				
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09/14/2018	
The date of each amendment(s) adoption: date this document was signed.	, if other than the
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each 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)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
09/14/201 % Dated	
Signature Belemo ule souza.	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	_
FABIANO R DE SOUZA	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	