## P13000 15065

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Amend

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: RT PAVERS	CORP			
DOCUMENT NUMBER: P13000015065				
The enclosed Articles of Amendment and fee are so	ubmitted for filing.			
Please return all correspondence concerning this ma	atter to the following:			
ROBERTO ORTIZ CI	HACON			
<del> </del>	Name of Contact Person			
RT PAVERS CORP				
	Firm/ Company			
11482 SW 5TH TERF	RACE			
	Address			
MIAMI, FL 33174				
	City/ State and Zip Code			
:-{-				
info@accuracycg.com E-mail address: (to be u	used for future annual report notification)			
13 man 433135m (40 00 1	,,,,,,,,			
For further information concerning this matter, plea	se call:			
ARISLEYDIS CRUZ	at (786 ) 458-3373			
Name of Contact Person	Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount made	payable to the Florida Department of State:			
S35 Filing Fee  □\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 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	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			

## Articles of Amendment to Articles of Incorporation of

RT PAVERS CORP		
(Name of Corporation as currently file	d with the Florida Dept. of State)	
P13000015065		
(Document Number of Corp	ooration (if known)	
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>Florida</i> its Articles of Incorporation:	da Profit Corporation adopts the fo	llowing amendmer
A. If amending name, enter the new name of the corporation:		
		The new
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". word "chartered," "professional association," or the abbreviation "P.A."	A professional corporation name	
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)		
<del></del>		<u> </u>
D. If amending the registered agent and/or registered office address in new registered agent and/or the new registered office address:	n Florida, enter the name of the	. PH 2:
Name of New Registered Agent		- 2
(Florida street ad	ldress)	
New Registered Office Address:	, Florida	
(City)		(Zip Code)
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with a	and accept the obligations of the pos-	ition
i nereoy accept the appointment as registered agent. I am jamiliar with a	на ассері іне опнуаноль ој ine pos	won.

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, nam 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 = Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each 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. T 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 C. 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	
			<u>Addres</u> s
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Vagiez</u> s
I) Change	<u>s</u>	EVIAN G CARDONA GUEVARA	1331 W 30 ST APT 3
Add			HIALEAH, FL 33012
X Remove			
2) Change			
Add			
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) 63			
5) Change		<del></del>	
Add			
Remove			
6) Change			
Add			<del></del>
Remove			

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<u>f an amendment provides for an e</u>	xchange, reclassif	<u>ication, or cancell</u>	ation of issued sh	ares,	
provisions for implementing the a (if not applicable, indicate N/A	mendment if not o	ontained in the a	mendment itself:		
(ij not applicable, inalcale N/A	,				
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				· · · · · · · · · · · · · · · · · · ·	

The date of each amendmen	t(s) adoption: 06/06/2019	, if other tl
date this document was signed	l.	<del></del>
Effective date <u>if applicable</u> :	06/06/2019	
	(no more than 90 days after amendment file date	)
	this block does not meet the applicable statutory filing requirement he Department of State's records.	ts, this date will not be listed
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
, ,	re adopted by the shareholders. The number of votes cast for the amere sufficient for approval.	endment(s)
	re approved by the shareholders through voting groups. The following for each voting group entitled to vote separately on the amendment	
"The number of vote	s cast for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
☐ The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and s	shareholder
☐ The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and share	holder
Dated 06/0 Signature	06/2019	
(	By a director, president or other officer – if directors or officers have elected, by an incorporator – if in the hands of a receiver, trustee, or ppointed fiduciary by that fiduciary)	
	ROBERTO ORTIZ CHACON	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	