# P13000036507

| (Requestor's Name)                      |
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|   |
| (Address)                               |
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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13 AUG -5 PH 3: 16
SECRETARY OF STATE
ALLAHASSEF, FIORIDA

C. LEWIS

AUG - 8 2013

EXAMMER

#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPOR                             | ATION: Fine Line F                          | Pavers of the Pa  | lm Beaches, Inc.   |  |  |  |
|--|---|---|--|--|--|--|
|  | ER: P1300003650                             |   |  |  |  |  |
|  | of Amendment and fee are su                 |   |  |  |  |  |
| Please return all corres                   | pondence concerning this ma                 | itter to the following:   |  |  |  |  |
|  | Mark Castro                                 |   |  |  |  |  |
| -  | Name of Contact Person                      |   |  |  |  |  |
| Fine Line Pavers of the Palm Beaches, Inc. |   |   |  |  |  |  |
| -  |   |   |  |  |  |  |
| -  |   | Address   |  |  |  |  |
|  | Royal Palm Bead                             | ch, FL 33411  |  |  |  |  |
| -  |   | City/ State and Zip Cod   | e  |  |  |  |
| cas  | tro0501@gmail.c                             | om  |  |  |  |  |
|  |   | sed for future annual report  | notification)  |  |  |  |
| For further information                    | concerning this matter, please              | se call:  |  |  |  |  |
| Mark Castro                                |   | at (561   | , 801-3511   |  |  |  |
| Name o                                     | f Contact Person                            | Area Code & 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 &<br>Certified Copy<br>(Additional copy is<br>enclosed) | □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |  |  |  |
|  | ing Address                                 | Street Address  |  |  |  |  |
|  | ndment Section ion of Corporations          | Amendment Section   |  |  |  |  |
|  | Box 6327                                    | Division of Corporations Clifton Building                                   |  |  |  |  |
|  | hassee, FL 32314                            | 2661 Executive Center Circle  |  |  |  |  |

Tallahassee, FL 32301

### FILED

Articles of Amendment to Articles of Incorporation of

13 AUG -5 PM 3: 46

## SECRETARY OF STATE Fine Line Pavers of the Palm Beaches, Inc. TALLAHASSEE, FLORIDA (Name of Corporation as currently filed with the Florida Dept. of State) P13000036507 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: Palm Beach Pavers, Inc. 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 (Florida street address) 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.

| 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.

| 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> |             | Name | <u>Addres</u> s |  |  |
| 1) Change                  |              | _           | NIA  |                 |  |  |
| Add                        |              |             |      |                 |  |  |
| Remove                     |              |             |      |                 |  |  |
| 2) Change                  |              | _           |      |                 |  |  |
| Add                        |              |             |      |                 |  |  |
| Remove                     |              |             |      |                 |  |  |
| 3 ) Change                 |              | _           |      |                 |  |  |
| Add                        |              |             |      |                 |  |  |
| Remove                     |              |             |      |                 |  |  |
| 4) Change                  |              |             |      |                 |  |  |
| Add                        |              | _           |      |                 |  |  |
| Remove                     |              |             |      |                 |  |  |
|                            |              |             |      |                 |  |  |
| 5) Change                  |              | _           |      |                 |  |  |
| Add                        |              |             |      |                 |  |  |
| Remove                     |              |             |      |                 |  |  |
| 6) Change                  |              |             |      |                 |  |  |
| Add                        |              | _           |      |                 |  |  |
| Remove                     |              |             |      |                 |  |  |
| Kemove                     |              |             |      |                 |  |  |

| If ame<br>(Attach | nding or addi<br>additional sh<br>N ( A         | eets, if nece                        | nal Article<br>ssary). ( | s, enter cha<br>Be specific)   | nge(s) here                | :            |                                 |              |               |
|-------------------|---|--------------------------------------|--------------------------|--------------------------------|----------------------------|--------------|---------------------------------|--------------|---------------|
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| <u>provi</u>      | mendment pi<br>sions for imp<br>if not applicab | lementing t                          | he amend                 | ge, reclassif<br>ment if not o | ication, or<br>contained i | cancellation | n of issued sl<br>Iment itself: | hares,       |               |
|                   | NIA   |                                      |                          |                                |                            |              |                                 |              |               |
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| The date of each amendment(s) adoption:   | 13 AUG -5 PM 3: 46, if other than th                        |
|---|---|
| date this document was signed.  |   |
| •   | SECRETARY OF STATE  |
| Effective date if applicable:   | TALLAHASSEE, FLORIDA han 90 days after amendment file date) |
| (no more i  | nan 90 aays after amenament file aate)                      |
| Adoption of Amendment(s) (CHECK ONE)  |   |
| ☐ The amendment(s) was/were adopted by the shareholders by the shareholders was/were sufficient for approval.     | . The number of votes cast for the amendment(s)             |
| ☐ The amendment(s) was/were approved by the shareholder must be separately provided for each voting group entitle |   |
| "The number of votes cast for the amendment(s) wa   | s/were sufficient for approval                              |
| by  |   |
| by(voling group)  |   |
| ☐ The amendment(s) was/were adopted by the board of direction was not required.                                   | ectors without shareholder action and shareholder           |
| The amendment(s) was/were adopted by the incorporator action was not required.                                    | s without shareholder action and shareholder                |
| Dated July 31, 2013   |   |
| Dated Odly 31, 2010   |   |
| Maa N   | / who   |
| Signature(By a director president or other  | officer – if directors or officers have not been            |
| selected, by an incorporator - it   | f in the hands of a receiver, trustee, or other court       |
| appointed fiduciary by that fidu  | ciary)  |
| Mark Castr  | О   |
| (Type   | d or printed name of person signing)                        |
| President   |   |
|   | (Title of person signing)                                   |