

(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone #)	<u></u>
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name)	
(D	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

Division of Corporations NAME OF CORPORATION: All Paving DOCUMENT NUMBER: P13000077541 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Daren Daly Name of Contact Person All Paving Inc Firm/ Company 10248 NW 62nd Ct Address Parkland FL 33076 City/ State and Zip Code Daren@allpaving.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (954) 234-6381 Area Code & Daytime Telephone Number Daren Daly Name of Contact Person

TO: Amendment Section

☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)

Enclosed is a check for the following amount made payable to the Florida Department of State:

☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

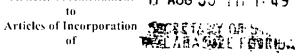
Mailing Address

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

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Articles of Amendment 17 AUG 30 PM 1:49



All Paving Incorpation	
(Name of Corporation as current	ly filed with the Florida Dept. of State)
P13000077541	
(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporatio "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
	10248 NW 62nd Ct
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Parkland FL 33076
C. Enter you mailing address if annihables	
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 add new registered agent and/or the new registered office address	ress in Florida, enter the name of the s:
Name of New Registered Agent	
(Florida st	reet address)
New Registered Office Address:	. Florida
Negative Commence.	(Cny) (Zip Code)
You Barries and America Commence of the control Day to a large	
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent.—I am familiar	
Signature of New I	Registered Agent, if changing

If amending the Officer's 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 Doc 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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Do	<u>oc</u>	
X Remove	\underline{V}	Mike Jones		
_X Add	<u>sv</u>	Sally Sn	nith	
Type of Action (Check One)	Title		Name	Address
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove				
3) Change		_	-	
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
Remove				
6) Change		_		
Add				
Remove				

Attach <i>additional sheets, if</i>	litional Articles, ente necessary). (Be spe	cific)		
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f an amendment provides provisions for implement	<u>tor an exchange, rec</u> ing the amendment i	<u>lassification, or car</u> f not contained in th	<u>icellation of issued</u> ie amendment itsel	<u>snares.</u> f:
(if not applicable, indi	cate N/A)			
N/A				
				· · · · · · · · · · · · · · · · · · ·
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•	6/21/2017
The date of each amendment(s) adoption:	·
date this document was signed. 6/21/2017	
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this block do document's effective date on the Departmen	es not meet the applicable statutory filing requirements, this date will not be listed at of State's records.
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were adopted by by the shareholders was/were sufficient	the shareholders. The number of votes cast for the amendment(s) for approval.
	y the shareholders through voting groups. The following statement oring group entitled to vote separately on the amendment(s):
	imendment(s) was/were sufficient for approval
by	. "
	(voting group)
	the board of directors without shareholder action and shareholder
■ The amendment(s) was/were adopted by action was not required.	the incorporators without shareholder action and shareholder
8/21/2017	
Dated	
	Do Bat
selected, by an	president or other officer – if directors or officers have not been incorporator – in the hands of a receiver, trustee, or other court ciary by that fiduciary)
Daren I	
	(Typed or printed name of person signing)
Preside	ni
	(Title of person signing)