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COVER LETTER

TO: Amendment Section

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

			~~ c
NAME OF CORPOR	ATION: UNLIMITE	ca Paiver Sc	POLIES. INC
DOCUMENT NUMB	er: <u>P140000 1</u>	0187	
The enclosed Arricles of	or Amenament and fee are su	bmitted for filing.	
Please return all corresp	condence concerning this ma	tter to the following:	
-	Dennter	LLANOS Name of Contact Person	<u> </u>
-		Company Firm/ Company	Unlimited Paver Supplies. INC
_	1112 SE 9th L	ane	
		Address	
_	Cape C	oar f (33°	109
		City/ State and Zip Cod	e
	E-mail address: (to be us	erscpules e Gr sed for future annual report	MCIIL+(CM). notification)
For further information	concerning this matter, pleas	se call:	
Janyle	e LLa~CD ·	at (239)	
Name o	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:
\$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)
	ing Address	Street	Address
	ndment Section ion of Corporations		Iment Section on of Corporations
DIVIS	ion or corporations	DIVISIO	ni or Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

	Δ	Articles of Amenda	nent	_	· n
· · · · · · · · · · · · · · · · · · ·	^	to !		FILE	
	Ar	ticles of incorpora of	etion	2814 AUG -5	PH 1:53
Unumited	Paler	Supplies.	INC	•	CTAIL
(Name of Corporation as			Dept. of State)	SEALLAHASSI	FE. FLORIDA
P1400	100-1018	\7		TALLAHASS	
	nt Number of Co	orporation (if know	n)	Total Control	
Pursuant to the provisions of section 607, its Articles of Incorporation:	.1006, Florida S	tatutes, this Fiorida	a Profit Corporatio	a adopts the following	ng amendment(s)
A. It amending name, enter the new na	ame of the corp	oration.			
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp,"	"Inc." or "Co".			
B. Enter new principal office address, (Principal office address MUST BE A S	if applicable: STREET ADDR		112 SE ape Ce	gth La Wal, Fr	ine 33909 -
C. Enter new mailing address, it appl (Mailing address MAY BE A POST	OFFICE BOX	<u>S</u>	ane_	····	_
	,				
D. Ir amending the registered agent ar			Floride, enter the	na me of the	
Name of New Registered Agent		Λ ·	Uanos Lane		
New Registered Office Address:	Cape	Coral (City)	, Flo	rida 3390 ¢ (Zip Code)	7
New Registered Agent's Signature, if c I hereby accept the appointment as regist	hanging Regist tered agent. I d	ered Agent: am familiar with and	d accept the obliga	tions of the position.	
Si	gnature of New	Registered Agent, i	f 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.

X Change	PT John Doe	
X Remove	V Mike Jones	
X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	<u>Addres</u> s
1) Change Add Remove	P JONNYTER L CITCOMES	1112 Se 9-11 Lare Cape Coval fl 33909
2) Change	PSID Jennyfee Manos	1112 SE 9th Lone Cape covar fr 33909
Remove 3) Change Add		
Remove 4) Change Add		
Change Add Remove		
6) Change Add Remove		

Attach ad	ng or adding additional sheets, if nec	essary). (Be sp	pecific)			
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faname	ndment provides fo	r an exchange, r	eclassif+cation,	or cancellation of	issued shares,	
(if no	ns for implementing ot applicable, indical	the amendment le N/A)	if not containe	d in the amendme	ent Itself.	
-						
						
<u> </u>			· · · · · · · · · · · · · · · · · · ·			 -

The date of each amendment(s) adoption:	, if other than th
date this document was signed.	
Errective date it applicable: (no more than 90 days after amendment file date)	_
Adoption of Amendment(3) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast 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	
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.	
Signature (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) (Typed or printed name of person signing)	
President (Title of person signing)	_