P1400059346

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COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: MSH BRICK PAVERS INC DOCUMENT NUMBER: P 14000059346 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: VICTOR M. VERDI Name of Contact Person VERDI ASSOCIATES GROUP, INC. Firm/ Company 312 E. VENICE AVENUE SUITE 203 Address VENICE, FLORIDA 34285 City/ State and Zip Code vicverdi@comcast.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: VICTOR M. VERDI at (732) 829 8397

Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee **□\$43.75** Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation of

MSH BRICK PAVERS INC		
(Name of Corporation as cur	rently filed with the Florida Dept, of State)	
P 14000059346		
(Document Numb	ber of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, its Articles of Incorporation:	this Florida Profit Corporation adopts the following an	nendment(s) to
A. If amending name, enter the new name of the corporation	n:	
name must be distinguishable and contain the word "corpor" (Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," word "chartered," "professional association," or the abbreviate	ration," "company," or "incorporated" or the abbre or "Co". A professional corporation name must cont	e new eviation tain the
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	**************************************	124
	: <u></u>	
		<u> </u>
C. Enter new mailing address, if applicable:	P.O. BOX 110604 5730	្ចី 🖰 ក្រ
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		
	LAKEWOOD RANCH, FLORIDA 34211	<u>∷</u>
		: 13
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 add		
Name of New Registered Agent		
(Floria	da street address)	
Mona Participand Offices Address	mada.	
New Registered Office Address:	City) Florida (Zip Code	
New Registered Agent's Signature, if changing Registered Ag I hereby accept the appointment as registered agent. I am famil		
Theretay weeeps one appointment as registered agent. I am juma	nar with and accept the obligations of the position.	
Signature of N	lew Registered Agent, if 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 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 Doc	
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		<u> </u>	-
Add			
Remove			
2) Change			
Add			
Remove			
3)Change			
Add			
Remove			
4) Change	-		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

• • • • • • • • • • • • • • • • • • • •	icles, enter change(s) here: (Be specific)
V/A	
· · · · · · · · · · · · · · · · · · ·	
If an amendment provides for an exch	range reclassification or cancellation of issued shares
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
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provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:

The date of each amendment(s) adopt	11/24/17 ion:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Department.	does not meet the applicable statutory filing requirements, this dat nent of State's records.	e will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes cast for the amendment(s'ent for approval.)
	d by the shareholders through voting groups. The following statement voting group entitled to vote separately on the amendment(s):	nt
	ne amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adopted action was not required.	by the board of directors without shareholder action and shareholder	-
☐ The amendment(s) was/were adopted action was not required.	by the incorporators without shareholder action and shareholder	
11/24/17 Dated		
Signature	igo / De Jourg	
	or, president or other officer – if directors or officers have not been an incorporator – if in the hands of a receiver, trustee, or other court	
	ductary by that fiductary)	
ША	GO H. DE SOUZA	
	(Typed or printed name of person signing)	
PRI	ESIDENT	
	(Title of person signing)	

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