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Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : ITAX GROUP, LLC Account Number : I20140000115 Phone : (813)882-8426 Fax Number : (813)884-0263

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Tallahassee, FL 32314

TO: Amendment Section

COVER LETTER

Division of Corporations NAME OF CORPORATION: __SILVA BRICK PAVERS INC DOCUMENT NUMBER: _____P16000005231 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: RAMON LUIS ARRAY LOPEZ Name of Contact Person SILVA BRICK PAVERS INC Firm/ Company 1520 LAUN PLACE Address 1520 LAUN PLACELAKELAND, FL 33803 City/ State and Zip Code LOVES SOUEEZE & GMAIL . COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: RAMON LUIS ARRAY LOPEZ Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee □\$43.75 Filling Fee & ■\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy cnclosed) (Additional Copy is unclosed) 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

Articles of Amendment to Articles of Incorporation of

SILVA BRICK PAVERS INC	
(Name of Corporation as currently filed with the Florida Dept. of State)	
P16000005231	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the follits Articles of Incorporation;	owing amendment(s) to
A. If amending name, enter the new name of the corporation: L & R BRICK PAVERS INC	
	The new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or to "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or "Co". A professional corporation name in 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	<u> </u>
new registered agent and/or the new registered office address:	
Name of New Registered Agent	<i>-</i>
(Florida street uddress)	
New Registered Office Address:	
(Ciny)	Zip Code)
new Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	υ π .
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, 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:

 $P \Rightarrow President; V \Rightarrow Vice President; T \Rightarrow Treasurer; S \Rightarrow Secretary; D \Rightarrow Director; TR \Rightarrow Trustee; C \Rightarrow Chairman or Clerk; CEO \Rightarrow Chief Executive Officer; CFO \Rightarrow Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.$

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.

X_Change	PT	<u>John Do</u> c	
X Remove	V	Mike Jones	
X Add	\$ <u>V</u>	Sally Smith	
Type of Action (Check One)	<u>J'itle</u>	<u>Name</u>	<u>Address</u> s
f)Change			
Add			
Remove			
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The date of each amendar date this document was sign	ecnt(s) adoption:	if other than the
Effective date if applicab	le:	
	(no more than 90 days after amendment file date)	•
Note: If the date inserted document's effective date of	in this block does not meet the applicable statutory filing requirements, this date with the Department of State's records.	II not be listed as the
Adoption of Amendment	s) (<u>CHECK ONE</u>)	
The amendment(s) was/ by the shareholders was	were adopted by the shareholders. The number of votes cast for the amendment(s) //were sufficient for approval.	
☐ The amendment(s) was must be separately pro-	were approved by the shareholders through voting groups. The following statement vided for each voting group entitled to vote separately on the amendment(s):	
"The number of ve	otes east for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
The amendment(s) was/action was not required.	were adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/action was not required.	were adopted by the incorporators without shareholder action and shareholder	
Dated_	10/09/2019	
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)	_
	RAMON L ARRAY LOPEZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	Tile of person signing)	