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COVER LETTER

TO: Amendment Section **Division of Corporations** NAME OF CORPORATION: Pavetech, Inc. **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Matthew Barket Name of Contact Person Barket Law, P.A. Firm/ Company 708 S. Dixie Hwy Address Coral Gables, FL 33146 City/ State and Zip Code mb@barketlegal.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (305) 895-9912

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

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Articles of Amendment to Articles of Incorporation of

Pavetech, Inc.				
(Name o	of Corporation as currently file	ed with the Florida Dep	t. of State)	
P16000037867				
	(Document Number of Cor	poration (if known)		
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this <i>Flor</i>	ida Profit Corporation a	dopts the following	amendment(s)
A. If amending name, enter the new na	ime of the corporation:		ار می است. این می است. این میداد	, 8, 71
N/A				The Snew
name must be distinguishable and continguishable and continued and	nation "Corp," "Inc," or "Co" tion," or the abbreviation "P.A. if applicable:	. A professional corpor	orated" or the ab ation name music	breviation fontain the
C. Enter new mailing address, if appli (Mailing address MAY BE A POST) D. If amending the registered agent an	OFFICE BOX) - ud/or registered office address	in Florida, enter the na	me of the	
new registered agent and/or the new	w registered office address:			
Name of New Registered Agent	N/A			
	(Florida street a	ddress)		
New Registered Office Address:			, Florida	
	(Ciŋ	1)	(Zip C	Tode)
New Registered Agent's Signature, if c I hereby accept the appointment as regist		and accept the obligation	ns of the position.	
	Signature of New Regis	stored 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 Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
l) Change	S	Jorge A. Pernas	14331 SW 142 St
x Add			Miami, FL 33186
Remove			
2) Change	v	Jason K. Barket	14331 SW 142 St
x Add			Miami, FL 33186
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	icles, enter change(s) here: (Be specific)		
/A			
			
······			
			
16		on of inqued charge	
If an amendment provides for an exc provisions for implementing the ame	ndment if not contained in the amer	adment itself:	
			
(if not applicable, indicate N/A)			
(if not applicable, indicate N/A)		 	
(if not applicable, indicate N/A)			
(if not applicable, indicate N/A)			
(if not applicable, indicate N/A)			
(if not applicable, indicate N/A)			
(if not applicable, indicate N/A)			
(if not applicable, indicate N/A)			
(if not applicable, indicate N/A) I/A			
(if not applicable, indicate N/A)			
(if not applicable, indicate N/A)			

The date of each amendment(s) ac	doption:	, if other than th
date this document was signed.	·	
10/2 Effective date <u>if applicable</u> :	25/16	
Effective date ir applicable.	(no more than 90 days after amendment file date)	
Note: If the date inserted in this b document's effective date on the De	block does not meet the applicable statutory filing requirements, this date will nepartment of State's records.	ot be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) ifficient for approval.	
	proved by the shareholders through voting groups. The following statement 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	"	
oj	(voting group)	
☐ The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
10/25/16		
Dated	, / 	
Signature		
(By a d	irector, president or other officer – if directors or officers have not been	-
selecte	d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)	
	Arnaldo M. Navarro	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	