P170003934

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I ALBRITTON

COVER LETTER

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Division of Corporations					
NAME OF CORPORATION: BLE BRICK PAVERSIME.					
DOCUMENT NUMBER: <u>(217 000039 364</u>					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
BRUNO BAPTISTA Name of Contact Person BLE BRICK PAVERS INC Firm/Company 3661 NE 15AVE Address POMPANO BEACH PL BBOOM City/ State and Zip Code					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Pluno BAPTISTA at (561) 494-5680 Name of Contact Person Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount made payable to the Florida Department of State:					
\$35 Filing Fee Certificate of Status (Additional copy is enclosed) Certified Copy (Additional Copy (Additional Copy					

Mailing Address

TO: Amendment Section 💝

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

is enclosed)



FLORIDA DEPARTMENT OF STATE Division of Corporations

JNO BAPTISTA BLE BRICK PAVERS INC 8661 NE 15 AYE / |

POMPANO BÉACH, ÉL 33064

SUBJECT: BLE BRICK PAVERS INC Ref. Number: P17000039364

We have received your document for BLE BRICK PAVERS INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

Please check only 1(one) box.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050[°].

Irene Albritton Regulatory Specialist II

Letter Number: 918A00008754

Articles of Amendment

to

Articles of Incorporation

of

BLE BIUCK VAV	oration as currently file	d with the Florida Dept. of State)		
P1/000	039364			
(D)	ocument Number of Cor	poration (if known)		
Pursuant to the provisions of section 607.1006, Fl its Articles of Incorporation:	orida Statutes, this Flor	da Profit Corporation adopts the fo	ollowing ame	ndment(s) to
A. If amending name, enter the new name of the	ne corporation:			
			Thc	new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "Coword "chartered," "professional association," or	Corp," "Inc," or "Co", the abbreviation "P.A.	A professional corporation name	the abbrevi must contai	ation n the
B. Enter new principal office address, if applie (Principal office address <u>MUST BE A STREET</u>				_
			~ 3	
	-		<u> </u>	
C. Enter new mailing address, if applicable:	r nov		:	; ;
(Mailing address <u>MAY BE A POST OF FICE</u>	<u>: BUX</u>)		· ;	اس د <u>. د ده.</u> ده است
			<u> </u>	· .
			700 FB 201 - 201 201 - 201	<u> </u>
	_			- _
D. If amending the registered agent and/or reg new registered agent and/or the new register	istered office address i ered office address:	n Florida, enter the name of the	UT sw	
Name of New Registered Agent				
			· <u></u>	
	(Florida street ac	!dress)		
New Registered Office Address:		. Florida		
New Augustica Office Address.	(City		(Zip Code)	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered age		and accept the obligations of the pos	sition.	
	Cimura of Man Dimin	oved 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 De	<u>oe</u>			
X Remove	$\underline{\mathbf{V}}$	Mike Jo	ones .			
X Add	<u>sv</u>	Sally Sr	<u>nith</u>			
Type of Action (Check One)	<u>Title</u>		Name		<u>Addres</u> s	
1) Change	<u>\V_</u>	2	EDVALD	O CALIKTO	3001 NEISAVE	
Add					POMPANO BOH FL 3300	2
Kemove						
2) Change Add	VE	-	JOEZ BARR NASCIME		5590 NW 618T #811 COCCUT CREEK FL 3307	
Remove						
3) Change				· · · ·		
Add					<u> </u>	
Remove						
4) Change						
Add						
Remove						
5) Change						
Add						
Remove						
6) Change						
Add		_ _		*		
Remove						

Attach additional sheets, if necessary).	ticles, enter change(s) here: (Be specific)
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	· · · · · · · · · · · · · · · · · · ·
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f an amendment provides for an eyel	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
<u>, , , , , , , , , , , , , , , , , , , </u>	

11/02/0	$\alpha \alpha$
The date of each amendment(s) adoption: 4 / 20 00 date this document was signed.	US, if other than the
Effective date if applicable: $4/23/200$	8
(no more than 90 days	after amendment file date)
Note: If the date inserted in this block does not meet the applicable s document's effective date on the Department of State's records.	tatutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the shareholders. The numb by the shareholders was/were sufficient for approval.	er of votes east for the amendment(s)
the amendment(s) was/were approved by the shareholders through verified to yote seemust be separately provided for each voting group entitled to yote seems.	
"The number of votes cast for the amendment(s) was/were suffi	cient for approval
by(voting group)	· · · · · · · · · · · · · · · · · · ·
☐ The amendment(s) was/were adopted by the board of directors without action was not required.	ut shareholder action and shareholder
☐ The amendment(s) was/were adopted by the incorporators without sh action was not required.	areholder action and shareholder
Dated 4/23/2018	
Signature 7 David Boltow	
(By a director, president or other officer – if	
selected, by an incorporator – if in the hand appointed fiduciary by that fiduciary)	s of a receiver, trustee, or other court
BRUND BAG	TISTA.
(Typed or printed name of	of person signing)
PRESIDE	=NT
(Title of pers	on signing)