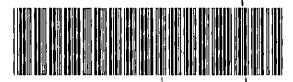


(Re	equestor's Name)
(Ad	ddress)
(Ad	ddress)
(Cir	ty/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Ві	usiness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
: I	
	Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: PAVE BUILDER	DESIGN GALLERY INC		_
DOCUMENT NUN	ABER: P17000082200			
	es of Amendment and fee are su	bmitted for filing.		
Please return all cort	respondence concerning this ma	tter to the following:	ì	
	Nick Wilmot			
		Name of Contact Person	. <u></u>	
	Debbie's Accounting Service	. Inc		1
		Firm/ Company		!
	3575 Southside Blvd			1
		Address		1
	Jacksonville, FL 32216			
		City/ State and Zip Cod	e	
ton	accom Ocal com			
	ncrego@aol.com	sed for future annual report	notification)	_
	iz-man address, (to be a	sea for rature armuar report	notification)	
For further informat	ion concerning this matter, pleas	se call:		· · ·
Nick Wilmot		at (733-4547	
Nam	e of Contact Person		de & Daytime Telephone ?	lumber
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)	
Ai Di P.	mendment Section ivision of Corporations O. Box 6327 illahassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assec. FL 32301	

Articles of Amendment to Articles of Incorporation of

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17 OCT 23 PM 3: 15
SECRITARY OF 3 THE

PAVE: BUILDER DESIGN GALLERY INC

(Name of Corporation as currently filed with	the Florida Dept. of State)	
P17000082200		
(Document Number of Corporatio	on (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Pro</i> its Articles of Incorporation:	ofit Corporation adopts the following am	 endment(s) to
A. If amending name, enter the new name of the corporation:	;	
	\ The	new
name must be distinguishable and contain the word "corporation," "compa". "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A prword "chartered," "professional association," or the abbreviation "P.A."		
B. Enter new principal office address, if applicable:		1
(Principal office address <u>MUST BE A STREET ADDRESS</u>)		}
		1
		-
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 Flor	ida, enter the name of the	
new registered agent and/or the new registered office address:		
Name of New Registered Agent		\
		1
(Florida street address)		1
New Registered Office Address:	, Florida	\
(City)	(Zip Code)	
	1	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and acc	cept the obligations of the position.	
		}
		\
Signature of New Registered A	gent, if changing	
		}

			irst letter of the office title:	
	= Chief i	Financial	Officer. If an officer/director holds	TR= Trustee; C = Chairman or Clerk, CEO = Chi more than one title, list the first letter of each office
				as the PST and Mike Jones is listed as the V. There
				These should be noted as John Doe, PT as a Chang
<i>Mike Jones, V as Remo</i> ve Example:	', ана жа	ну энит,	SV AS AN MAA.	
X Change	<u>PT</u>	John Do	<u>oc</u>	
X Remove	<u>Y</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally St	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) X Change	VP	_	BESORE, MEGHAN	1450 NOCHAWAY DR
Add				ST AUGUSTINE, FL 32092
Remove				
2) Change				
Add		_		
Remove				
3) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
) Change				
Add		_		
<u> </u>				

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)

__ Remove

If amending or adding additional Articles, enter change(s) here:		
(Attach additional sheets, if necessary). (Be specific) Changing listed name from BESORE, MICHELLE to BESORE, MEGHAN	ì	
		- i-
	· i	,
EIN: 82-3076820		
	•	
	\ 	
	· 	
	· · · · · · · · · · · · · · · · · · ·	
		
	<u> </u>	<u> </u>
		
	i 	
If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)		
		
		1
		-!
		1

The date of each amendment(s) adoption: _	· · · · · · · · · · · · · · · · · · ·	,	if other	than th	ıe
date this document was signed.			}	1	
Effective date <u>if applicable</u> :			<u> </u>	1	
	(no more than 90 days after amendment file date)				
Note: If the date inserted in this block does document's effective date on the Department of	not meet the applicable statutory filing requirements, thof State's records.	is date will no	t be liste	d as th	te
Adoption of Amendment(s) (C	HECK ONE)				
The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	re shareholders. The number of votes east for the amendm r approval.	ent(s)			
	the shareholders through voting groups. The following standing group entitled to vote separately on the amendment(s):				1
	endment(s) was/were sufficient for approval		1		
by			\		
(v	oting group)	•			
☐ The amendment(s) was/were adopted by th action was not required.	ne board of directors without shareholder action and sharel	nolder			
☐ The amendment(s) was/were adopted by th action was not required.	e incorporators without shareholder action and shareholde	er ;			
10/17/17		ļ	}		
DatedSignature	Un				
(By a director, proselected, by an in	esident or other officer – if directors or officers have not be corporator – if in the hands of a receiver, trustee, or other try by that fiduciary)				
Ardian G	juraj		}	ì	
	(Typed or printed name of person signing)	-: 1		ĺ	
President		•		1	
	(Title of person signing)				