## P18000016391

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SECRETARY OF STATE SALLAHASSEE, FLORIDA

**SEP 2 2 2021 S. PRATHER** 

## COVER LETTER

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: AP BRICK PAVERS INC DOCUMENT NUMBER: P18000016391 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: ALBERTO PEREIRA Name of Contact Person Firm/ Company 8444 E ADAMO DR Address TAMPA, FL 33619 City/ State and Zip Code albertopereira51@icloud E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (813 ) 4512381

Area Code & Daytime Telephone Number ALBERTO PEREIRA 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 S35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) Street Address **Mailing Address** Amendment Section Amendment Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

AP BRICK PAVERS INC

		<del></del>	_
(Name of Corporation as current	ly filed with the Florida Dept. of State)	\$£0	3 3
P18000016391			<u></u>
(Document Number o	of Corporation (if known)	<u>→</u> = = = = = = = = = = = = = = = = = = =	<del>-1</del>
·	•	3 7 T	5 E
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the foll	owiff imend	Iment(§) t
A. If amending name, enter the new name of the corporation:		TATE ORIO	ი დ
NA		The i	new
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.A."	A professional corporation name must c	viation "Corp ontain the w	p.,'' vord
B. Enter new principal office address, if applicable:	NA		
(Principal office address MUST BE A STREET ADDRESS)			_
			<del></del>
C. Enter new mailing address, if applicable:	NA		
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )			_
			_
			_
D. If amending the registered agent and/or registered office add	iress in Florida, enter the name of the		
new registered agent and/or the new registered office address			
NA NA			
Name of New Registered Agent			
(Florida st	reet address)		
Name Province and Office Address:	. Florida		
New Registered Office Address:	(City)	(Zip Code)	_
New Registered Agent's Signature, if changing Registered Agen	t:		
I hereby accept the appointment as registered agent. I am familiar	with and accept the obligations of the posi	tion.	
Signature of New I	Registered Agent, if changing		
Charle if applicable			

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

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.

X Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	ones	
X Add	<u>sv</u>	Sally Si	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	P		ALEYDA MUSIBAY COLUMBIE	8444 E ADAMO DR
X Add				TAMPA, FL 33619
Remove				
2) Change	<u></u>			
Add				
Remove 3) Change		_		
Add				
Remove				·
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
NA	
F. 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)	
NA	

. .

The date of each amendment(s) adoption:	, if other than the
Effective date if applicable:  (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date wi document's effective date on the Department of State's records.	ill not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action an action was not required.	nd shareholder
■ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for 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 ALBERTO PEREIRA  (voting group)  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)	FILED  2021 SEP IO PM 6: 37  SEGRETARY OF STATE PALLAHASSEE, FLORIDA
ALBERTO PEREIRA	
(Typed or printed name of person signing)	
VICE PRESIDENT  (Title of person signing)	