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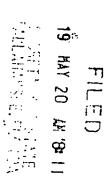
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: NEO	BRICK PAVERS INC
DOCUMENT NUMBER: P1800006	9386
The enclosed Articles of Amendment an	d fee are submitted for filing.
Please return all correspondence concern	ing this matter to the following:
	FERNANDA SILVA
	Name of Contact Person
	A&F FINANCIAL LLC
	Firm/ Company
	4851 W HILLSBORO BLVD, STE#A2
	Address
	COCONUT CREEK, FL 33073
	City/ State and Zip Code
	AF-FINANCIAL@AF-FINANCIAL.COM
E-mail addre	ss: (to be used for future annual report notification)
For further information concerning this n	
Name of Contact Person	at (
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following am	ount made payable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Fili Certificate	
Mailing Address Amendment Section Division of Corporatio P.O. Box 6327 Tallahassee, FL 32314	Clifton Building

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

NEO BRICK PAVERS INC

(Name of Corporation :	as currently filed with the	Florida Dept. of State)
	P18000069386		
(Document	t Number of Corporation (if	known)	
Pursuant to the provisions of section 607.1006, Florida Stits Articles of Incorporation:	atutes, this <i>Florida Profit C</i>	Corporation adopts the f	ollowing amendment(s) to
A. If amending name, enter the new name of the corpo	oration:		
			The new
name must be distinguishable and contain the word ' "Corp.," "Inc.," or Co.," or the designation "Corp," ' word "chartered," "professional association," or the abb	"Inc," or "Co". A profess		
B. Enter new principal office address, if applicable:			
(Principal office address <u>MUST BE A STREET ADDRE</u>	ESS)		
			
C. Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
			
		<u> </u>	
D. If amending the registered agent and/or registered	office address in Florida	enter the name of the	鮮きコ
new registered agent and/or the new registered offi		enter the name of the	L.F. 20
Name of New Registered Agent			三
			G
	(Florida street address)		<u> </u>
New Registered Office Address:		. Florida	
The state of the s	(City)	, 7 1017441_	(Zip Code)
Non-Bosine IA (IS)			
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I at		the obligations of the po	sition.
•	•		
Signatu	re of New Registered Agent,	if changing	
Signata	ie oj nen negateret ngem,	g chunging	

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	PT	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	V	MICHELLE DE PAULA CHAGAS	1732 NW 49 ST
Add			POMPANO BEACH, FL 33064
X Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			· · · · · · · · · · · · · · · · · · ·
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach ad	dditional sheet	t additional Art s, if necessary).	(Be specific)				
							
							
					-		
							· -
_							
provisio	ons for implen	vides for an excludes for an exclude indicate N/A)	hange, reclassi endment if not	fication, or can	cellation of issu le amendment in	ied shares, tself:	
							-
<u>-</u>					.		
				 			

The date of each amendment(s) adoption: _ date this document was signed.		, if other than the
<u> </u>		
Elective date in applicable.	(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, this date will of State's records.	ll not be listed as the
Adoption of Amendment(s) (C	HECK ONE)	
The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	e shareholders. The number of votes cast for the amendment(s) approval.	
	he shareholders through voting groups. The following statement ag group entitled to vote separately on the amendment(s):	
	endment(s) was/were sufficient for approval	
by	, p	
(V	oting group)	
The amendment(s) was/were adopted by th action was πot required.	e board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopted by th action was not required.	e incorporators without shareholder action and shareholder	
Dated & E2. 5 ()	<u> </u>	
Signature X		
(By a director, pre selected, by an in	esident or other officer – if directors or officers have not been corporator – if in the hands of a receiver, trustee, or other court ry by that fiduciary)	
	MARCIO E DE OLIVEIRA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	