Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number :: (850)617-6380

From:

Account Name : TIMELINE BUSINESS CENTER LLC

Account Number : I20150000034 Phone : (239)344-7417 Fax Number : (888)344-7262

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Email Address:____

COR AMND/RESTATE/CORRECT OR O/D RESIGN MESSIAS PAVERS INC

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7/19/2019 9:41:53 AM PAGE 1/001 Fax Server



July 19, 2019

FLORIDA DEPARTMENT OF STATE

Division of Corporations

TIMELINE BUSINESS CENTER LLC

SUBJECT: MESSIAS PAVERS INC

REF: P18000079334

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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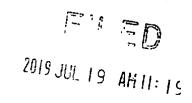
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Terri J Schroeder Regulatory Specialist III

Amendment Section

Amount charged: 35.00

FAX Aud. #: H19000217364 Letter Number: 919A00014702 Articles of Amendment to Articles of Incorporation of



MESSIAS PAVERS INC. 1

| (Name of Corporation as currently | filed with the Florida Dept. of Stare) |
|--|--|
| P180000793 | 34 |
| (Document Number of C | Corporation (if known) |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this F its Articles of Incorporation: | lorida Profit Corporation adopts the following amendment(s) to |
| A. If amending name, enter the new name of the corporation: MP BRICK PAVERS INC | |
| name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Cword "chartered," "professional association," or the abbreviation "F | o". A professional corporation name must contain the |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | |
| | |
| 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 addresses new registered agent and/or the new registered office address: | ss in Florida, enter the name of the |
| Name of New Registered Agent | |
| Florida stree | rt addrøss) |
| New Registered Office Address: | . Florida |
| | City) (Zip Code) |
| New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w | ith and accept the obligations of the position. |
| Signature of New Re | gistered Agent, if changing |

To:

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:

(Attack 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 = Chaliman or Clerk; CEO = Chief Executive Officer: CFO = Chief Financial Officer. If an officeridirector holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PID.

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 tennes 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: XChange | <u>PT</u> | Join Doc | | |
|-------------------------------|-----------|-------------|-----------|--|
| X Remove | <u>v</u> | Mike Jones | | |
| X Add | <u>sv</u> | Sally Smith | | |
| Type of Action (Check One) | Title | Name | Address | |
| !) Change | | | | |
| Add | | | | |
| Rетюч е | | | | |
| 2) Change | | | | |
| Aud | | | | |
| Remove | | | | |
| 3)Change | | | | |
| Add | | | | |
| Remove | | | | |
| 4) Change | | | | |
| Add | | | 1 7 7 7 1 | |
| Remove | | | | |
| 5) Change | | | | |
| Add | | | | |
| Remove | | | | |
| 6)Change | | | | |
| Add | | | | |
| Remove | | | | |

| If amending or adding additional Article (Attach additional sheets, if necessary). | (Be specific) |
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| . It an amendment provides for an excha- provisions for implementing the amend (if not applicable, indicate Not) | inge, reclassification, or cancellation of issued shares, dment if not contained in the amendment itself; |
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| | 07/18/2019 | |
|---|--|------------------------------------|
| The date of each amendment(s date this document was signed. |) adoption: | , if other than the |
| | 7/18/2019 | |
| Effective date <u> [applicable</u> : _ | (no more than 90 days after amendment file dute) | |
| Note: If the date inserted in the | is block does not meet the applicable statutory filing requirements, to Department of State's records. | nis date will not be listed as the |
| Adoption of Amendment(s) | (CHECK ONE) | |
| The amendment(s) was/were by the shareholders was/wen | adopted by the shareholders. The number of votes cast for the amendre sufficient for approval. | nent(s) |
| | approved by the shareholders through voting groups. The following st for each voting group entitled to vote separately on the amendment(s) | |
| | ast for the amendment(s) was/were sufficient for approval | |
| by | (voting group) | |
| | (voting group) | |
| The amendment(s) was/were action was not required. | adopted by the board of directors without shareholder action and share | :holder |
| The amendment(s) was/were action was not required. | adopted by the incorporators without shareholder action and sharehold | ler |
| 07/18/2 | 019 | |
| Dated | | |
| Signature | How Shill | |
| (By | a director, president or other officer - if directors or officers have not exted, by an incorporator - if in the hands of a receiver, trustee, or othe ointed fiduciary by that fiduciary) | |
| | MANOEL MESSIAS DA SILVA JR | |
| | (Typed or printed name of person signing) | |
| | PRESIDENT | |
| | (Title of person signing) | |