P18000091268

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF COR	PORATION: RR PAVERS SYS	TEMS INC	<u>_</u>	
	UMBER: P18000091268			
ì	icles of Amendment and fee are su	bmitted for filing.		
Please return all c	orrespondence concerning this ma	atter to the following:		
	RICARDO RUBIO SERVIN	1		
		Name of Contact Person	n	_
		Firm/ Company		_
	18230 LINDEN RD			
		Address		_
	FORT MYERS, FL 33967			_
		City/ State and Zip Code	c	
	CGPSSERVICES@AOL.CO	ОМ		
	E-mail address: (to be u	sed for future annual report	notification)	
For further inform	nation concerning this matter, plea	ise call:		
RICARDO RUB	Ю	at (281-6777	
Name of Contact Person		Area Co	de & Daytime Telephone Numb	per
Enclosed is a chec	ck for the following amount made	payable to the Florida Depa	artment of State:	
S35 Filing Fo	Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	,
	Mailing Address Aniendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Division The C 2415 P	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303	

2022 JUL 29 Kit 9: 37

Articles of Amendment to Articles of Incorporation of

RR PAVERS SYSTEMS INC

(<u>Name o</u>	of Corporation as currently	y liled with the Florida Dept. of Stat	<u>e</u>)			
P18000091268						
,	(Document Number of	Corporation (if known)				
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this a	Florida Profit Corporation adopts the	following amendmen	u(s) to		
A. If amending name, enter the new na	ame of the corporation:		The new			
name must be distinguishable and contain "Inc.," or Co.," or the designation "Contrartered." "professional association."	Carp," "Inc," or "Co". A	ompany," or "incorporated" or the al- professional corporation name mu	bbreviation "Corp.,"			
B. Enter new principal office address,	if annlicable:	18230 LINDEN RD				
(Principal office address MUST BE A S		FORT MYERS, FL 33967				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		18230 LINDEN RD				
(Manual 1997)		FORT MYERS, FL 33967				
D. If amending the registered agent ar new registered agent and/or the new			2022 JU	ω., ·		
Name of New Registered Agent	RICARDO RUBIO SERV	IN	2			
	18230 LINDEN RD		ف ا			
	(Florida str	vet address)		. }		
New Registered Office Address:	FORT MYERS	, Florida	33967			
		(City)	(Zip Code)			
New Registered Agent's Signature, if c I hereby accept the appointment as regist []	tered agent. I am familiar v	eith and accept the obligations of the plant	osition.			
Check if applicable						

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), 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>oc</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
X Add	<u>\$V</u>	Sally St	nith	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
I) Change	P	_	SARAH K RUBIO	954 MARILYN AVE S
Add	-	_		LEHIGH ACRES, FL 33974
Remove 2) Change	P		RICARDO RUBIO SERVIN	18230 LINDEN RD
Add				FORT MYERS, FL 33967
Remove 3) Change				
Add				
Remove 4) Change				
Add		_		
Remove				
5) Change		_		
Remove				
6) Change		_		
Add				
Remove				<u></u>

E. <u>If amending or adding additional Articles, enter change(s) here:</u> (Attach additional sheets, if necessary). (Be specific) REMOVING PRESIDENT, CHANGING VICE PRESIDENT TO PRESIDENT, AND CHANGING ADDRESS								
					<u>. </u>	 ,	<u></u>	_
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If an ameno	dment provides	for an exchang	<u>ze, reclassifica</u>	ation, or cance	ellation of issue	ed shares,		
provisions (if not	for implementi applicable, indic	ng the amendrate N/A)	nent if not co	ntained in the	amendment it	self:		
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	JULY 7, 2022	
The date of each amendment(s) a date this document was signed.	doption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendm	ent file date)
Note: If the date inserted in this document's effective date on the E	block does not meet the applicable statutory filing epartment of State's records.	requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were action was not required.	opted by the incorporators, or board of directors wi	thout shareholder action and shareholder
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes ca ufficient for approval.	st for the amendment(s)
	proved by the shareholders through voting groups. reach voting group entitled to vote separately on the	
	for the amendment(s) was/were sufficient for appr	
by		
	(voting group)	
07/07/202 Dated		
Signature	cardo Rubio	
(By a c selecte	irector, president or other officer – if directors or o d, by an incorporator – if in the hands of a receiver ted fiduciary by that fiduciary)	
	RICARDO RUBIO SERVIN	
	(Typed or printed name of person signi	ng)
	VICE PRESIDENT	
	(Title of person signing)	· · · · · · · · · · · · · · · · · · ·