P1900000 4120

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: MASTER PAVER	S AND REMODLING, IN	IC		
DOCUMENT NUM	PT9000004120				
The enclosed Articles	s of Amendment and fee are su	abmitted for filing.			
Please return all corre	espondence concerning this ma	tter to the following:			
	LAURA MONTANARO				
	Name of Contact Person				
	ABACUS PAYROLL & AC	COUNTING, INC	NTING, INC		
	Firm/ Company				
	1140 NE 2ND STREET				
		Address			
	POMPANO BEACH, FL 33	060			
	<u> </u>	City/ State and Zip Cod	e /		
ARA	CUSPOMPANO@AOL.COM	1			
		sed for future annual report	notification)		
		•	•		
For further information	on concerning this matter, pleas	se call:			
LAURA MONTANARO		954 at ()		
Name of Contact Person			de & Daytime Telephone Number		
Enclosed is a check fo	or the following amount made	payable to the Florida Depa	artment of State:		
S35 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)		
Mailing Address Amendment Section Division of Corporations			Address		
			Iment Section on of Corporations		
	D. Box 6327		Building		
Tal	lahassee, FL 32314	2661 Executive Center Circle			
		Tallahassee, FL 32301			

Articles of Amendment

to

Articles of Incorporation

of

MASTER PAVERS & REMODELING INC.

FILED

(Name of Corporation as currently filed with the Florida Dept. of State) 2019 HAR 18 P 15 P19000004120 GEORETARY OF STATE (Document Number of Corporation (if known) TALLAHASSEE, FECRICIA Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>) 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 Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. Signature of New Registered Agent, if changing

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: <u>X</u> Change	<u>PT</u> <u>John</u>	n Doc				
X Remove	<u>V</u> <u>Mik</u>	e Jones				
X Add	<u>SV</u> <u>Sall</u>	Sally Smith				
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s			
1) Change	TREAS	AMANDA SETTLEMIER	3219 COCO PLUM CIRCLE			
XAdd			COCONUT CREEK, FL			
Remove			33063			
2) Change						
Add						
Remove						
3) Change						
Add						
Remove			-2+			
4) Change						
Add						
Remove						
5) Change						
Add						
Remove						
δ) Change						
Add						
Remove						

	cts, if necessary).	(Be specific)			
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f an amendment pro provisions for imple	<u>vides for an excha</u> menting the amen	<u>ange, reclassific:</u> idment if not cor	ation, or cancella ntained in the am	<u>tion of issued sha</u> endment itself:	res,
	e, indicate N/A)				
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	03/13/2019	
The date of each amendment() -date this document was signed.	s) adoption:	if other than th
	03/13/2019	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	nis block does not meet the applicable statutory filing requirements, this date will be Department of State's records.	If not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes cast for the amendment(s) re-sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes of	cast for the amendment(s) was/were sufficient (or 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 shareholder	
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
03/13/2	019	
Dated Signature	- Min SIJUM	
- (Bý	a director, president or other officer - if directors or officers have not been	
	ceted, by an incorporator – if in the hands of a receiver, trustee, or other court cointed fiduciary by that fiduciary)	
	JEFFERY'S WILSON	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	