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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	PRATION: ALL DADE PAVE	ERS INC.	
DOCUMENT NUM	BER: P19000050244		
	s of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this ma	tter to the following:	
	LOVETTE DOBSON		
		Name of Contact Perso	n
	INCFILE.COM LLC		
		Firm/ Company	
	17350 STATE HWY 249 ST	E 220	
		Address	
	HOUSTON, TX 77064		
		City/ State and Zip Cod	le
EFD	LE1234@INCFILE.COM		
	E-mail address: (to be us	sed for future annual report	notification)
For further informati	on concerning this matter, pleas	se call:	
LOVETTE DOBSO	N	at (829-9090 ode & Daytime Telephone Number
Name	of Contact Person	Area Co	ode & Daytime Telephone Number
Enclosed is a check t	or the following amount made	payable to the Florida Dep	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)
	ailing Address	Street	Address
	nendment Section		dment Section
	vision of Corporations D. Box 6327		on of Corporations
	P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

ALL	, DADE PAVERS INC.		
(Name of Corporation a	s currently filed with the Flori	da Dept. of State)	Act
	P19000050244		
(Document	Number of Corporation (if know	m)	
Pursuant to the provisions of section 607.1006, Florida Staits Articles of Incorporation:	itutes, this Florida Profit Corpor	ration adopts the following	amendment(s) to
A. If amending name, enter the new name of the corpo	<u>ration:</u>		
		1	The new
name must be distinguishable and contain the word "c "Corp.," "Inc.," or Co.," or the designation "Corp," ", word "chartered," "professional association," or the abbi	Inc," or "Co". A professional		
B. Enter new principal office address, if applicable:			
Principal office address <u>MUST BE A STREET ADDRES</u>	<u>SS</u>)	SE	70.1 .e
		22.00	T
			- -
2. Enter new mailing address, if applicable:		いる。	m
(Mailing address MAY BE A POST OFFICE BOX)		:T(-)	2
			ű.
			ည
		<u>'ਏ-</u>	 -
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office		the name of the	
Name of New Registered Agent			
	(Florida street address)		
New Registered Office Address:		. Florida	
recovered expression and and	(City)	(Zip Ce	rde)
New Registered Agent's Signature, if changing Register thereby accept the appointment as registered agent. I am	red Agent: " familiar with and accept the ob-	digations of the position	
The state of the appearance is registered agent. I an	- _{јан} ана жин ана ассері те 00	мзыновь ој ше ромнон.	
Signatur	e of New Registered Agent, if che	anging	

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 = ChiefExecutive 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	<u>PT</u>	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	VP	EDWARD A LOPEZ	2234 WILEY CT
X Add			HOLLYWOOD, FL 33020
Remove			
2) Change		-	
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Art Attach additional sheets, if necessary).	(Be specific)			
		-		
				···
				
				
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				•
		 	.	•
f an amendment provides for an exc provisions for implementing the ame	tange, reclassification, condained	or cancellation of is	sued shares, itself:	
(if not applicable, indicate N/A)				
				-
				
				
				

The date of each amendment(s) adoption: , if other than the
date this document was signed.
Effective date if applicable:
Effective date <u>if applicable</u> : (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 will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
☐ 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
(voting group)
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
11/07/2019 Dated
Signature Robert Wears
(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)
ROBERT LUCAS
(Typed or printed name of person signing)
PRESIDEN'T
(Title of person signing)