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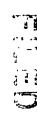


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COVER LETTER

O: Amendment Section

Division of Corporations mazing Pavers South Floridu, Inc. NAME OF CORPORATION: OCUMENT NUMBER: _ he enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Name of Contact Person or further information concerning this matter, please call: Name of Contact Person Area Code & Daytime Telephone Number iclosed is a check for the following amount made payable to the Florida Department of State: **□\$43.75** Filing Fee & **□\$43.75** Filing Fee & □\$52.50 Filing Fee \$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Street Address **Mailing Address** Amendment Section Amendment Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314 Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation of

amazina Pavursl	South Flonda, Inc
(Name of Corporation as')	currently filed with the Florida Dept. of State)
P1900006303	8
(Document N	umber of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statuts Articles of Incorporation:	tes, this Florida Profit Corporation adopts the following amendment(s) to
l. If amending name, enter the new name of the corpora	stion:
	The new
'Inc.," or Co.," or the designation "Corp," "Inc," or "chartered," "professional association," or the abbreviation	tion," "company," or "incorporated" or the abbreviation "Corp.," Co". A professional corporation name must contain the word
I. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS	<u> </u>
	2019 <u>— — — — — — — — — — — — — — — — — — —</u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
	· · · · · · · · · · · · · · · · · · ·
	_m ω
. If amending the registered agent and/or registered off new registered agent and/or the new registered office	
Name of New Registered Agent	
(F)	lorida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
w Registered Agent's Signature, if changing Registered ereby accept the appointment as registered agent. I am for	
Signature of	of New Registered Agent, if changing

ddress of each Officer a Attach additional sheets, lease note the officer/dir = President; V= Vice I xecutive Officer; CFO = resident, Treasurer, Dire thanges should be noted	ind/or D if necess ector titl President Chief Fi ector wor in the for	rector being added: ary) e by the first letter of the c ; T= Treasurer; S= Secre inancial Officer. If an officer uld be PTD. llowing manner. Currentl orporation, Sally Smith is	office title: nary; D= Director; TR= Tr cer/director holds more than y John Doe is listed as the l	custee; $C = Chairman \text{ or } Clerk; CEO = Chief$ one title, list the first letter of each office held. PST and Mike Jones is listed as the V. There is hould be noted as John Doe, PT as a Change,
X_Change	PT	John Doe		
X Remove	Y	Mike Jones		
X Add	SV	Sally Smith		
ype of Action Check One)	Title	Name		Address
Change Add	<u>VP</u>	_ Jonatha	h lamirez	18998 NUT 24th Place Pembrole Pine Fl. 33029
Change Add	D	<u>Diana</u>	amirez	18998 NUT 24th Place Pembroke Pines FL 32029
Remove Change				
Add				
Remove				
Change				
Add				
Remove				
Change			.	
Add				
Remove				
Change				
Add				
Remove				
		Pŧ	nge 2 of 4	
		onal Articles, enter changessary). (Be specific)	ge(s) here:	

		
		
(if not applicable indicate N/A)	if not contained in the amendment itself:	
(if not applicable, indicate N/A)	if not contained in the amendment itself:	
(if not applicable, indicate N/A)	if not contained in the amendment itself:	
(if not applicable, indicate N/A)	if not contained in the amendment itself:	
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(if not applicable, indicate N/A)	if not contained in the amendment itself:	
(if not applicable, indicate N/A)	if not contained in the amendment itself:	
(if not applicable, indicate N/A)	Page 3 of 4	
(if not applicable, indicate N/A)	Page 3 of 4	
(if not applicable, indicate N/A) ate of each amendment(s) adoption:		, if other than t
ate of each amendment(s) adoption:	Page 3 of 4	, if other than t

ocument's effective date on the Dep	partment of State's records	
adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adop by the shareholders was/were suf		The number of votes cast for the amendment(s)
		hrough voting groups. The following statement to vote separately on the amendment(s):
"The number of votes cast f	or the amendment(s) was/v	vere sufficient for approval
by	___________\	."
	(voting group)	
The amendment(s) was/were adopted action was not required.	pted by the board of directo	ors without shareholder action and shareholder
The amendment(s) was/were adopaction was not required.	pted by the incorporators w	rithout shareholder action and shareholder
Dated 12 1	Ni9	
Signature		.
selected		ficer – if directors or officers have not been the hands of a receiver, trustee, or other court ry)
-		MITP2 ed name of person signing)
	(typeu or printe	a name of person signing)
_	President	
(Title of person signing)	

lote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the