PP9000 077 296

(Red	questor's Name)	_
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu:	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to I		





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COVER LETTER

TO: Amendment Section Division of Corporations

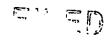
NAME OF CORPO	RATION: BRICK PAVERS (OPTION, CORP	
	BER: P19000077296		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this mat	ter to the following:	
	KISCHINHEVSKY K DE O	LIVEIRA	
		Name of Contact Person	
	BRICK PAVERS OPTION.	CORP	
	-	Firm/ Company	
	3151 CLINT MOORE RD S	JITE 103	
		Address	
	BOCA RATON, FL 33496		
		City/ State and Zip Code	•
INFO	O@HOMEARTSDESIGN.CO	М	
-	E-mail address: (to be us	ed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:	
KISCHINHEVSKY		954 at (394-1217
Name	of Contact Person		de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	rtment 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)
Am Div P.C	iling Address endment Section ision of Corporations). Box 6327	Amend Divisio Clifton	Address Iment Section on of Corporations Building
Tallahassee FL 32314		2661 E	xecutive Center Circle

Tallahassee, FL 323

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

BRICKS PAVERS OPTION, CORP



BRICKS PAVERS OPTION, CORP	2019 NOT 21 PM 3-31
(Name of Corporation	as currently filed with the Florida Dept. of State)
P19000077296	
(Documen	t Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Stits Articles of Incorporation:	tatutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corp.	oration:
BRICK PAVERS OPTION, CORP.	The new
	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	ESS)
 C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered new registered agent and/or the new registered off 	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
wew Registered Office Address.	(City) (Zip Code)
	im familiar with and accept the obligations of the position.
Signati	ire 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: X Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	nes	
_X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change	<u> </u>	_		
Add				
Remove				
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change			· · · · · · · · · · · · · · · · · · ·	
Add				
Remove				
O Chair				
6) Change		_	· · · · · · · · · · · · · · · · · · ·	
Add				
Remove				

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
If an amendment provides for an excl	nange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
(y nor appreciation, marcine ,,	

	loption:	, if other than t
date this document was signed.		
Effective date if applicable:		·····
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this l document's effective date on the De	plock does not meet the applicable statutory filing requirements, this date variation of State's records.	vill not be listed as t
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were ad by the shareholders was/were so	opted by the shareholders. The number of votes cast for the amendment(s) ifficient for approval.	
	proved by the shareholders through voting groups. The following statement 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)	
,	(voting group)	
☐ The amendment(s) was/were ad action was not required.	opted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder	
10/18/19		
DatedSignature	Cischulys & Mallider	
(By a constant)	lirector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)	
	KISCHINHEVSKY K DE OLIVEIRA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	