P2000009067

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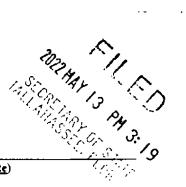
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: JP PAVE	FRS REPAIR 4 RESTORE, INC.	
DOCUMENT NUMBER: P20000		
The enclosed Articles of Amendment and fee are	submitted for filing.	
Please return all correspondence concerning this r	natter to the following:	
PAULA GRA	101	
	Name of Contact Person	
JP PAVERS	REPAIR & RESTORE, INC.	
	Firm/ Company	
822 CEDAR	HARBOUR CT.	
	Address	
BRADENTON	City/ State and Zip Code	
	City/ State and Zip Code	
innoverse	exalamail. Com	
E-mail address: (to be	vagmail. Com used for future annual report notification)	
For further information concerning this matter, ple	ease call:	
PADLA GRACI	at (941) 404-9461 Area Code & Daytime Telephone Number	
Name of Contact Person	Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount mad	le payable to the Florida Department of State:	
☐ \$35 Filing Fee		
Mailing Address	Street Address	
Amendment Section	Amendment Section	
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee	
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of



JP PAVERS REPAIR & RESTORE, INC.

(Name of Corporation as currently	filed with the Florida Dept. of State)	19.5%
P20000009067		
(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following am	endment(s) to
A. If amending name, enter the new name of the corporation:		
		new
name must be distinguishable and contain the word "corporation," "co". Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	ompany," or "incorporated" or the abbreviation "C professional corporation name must contain the	orp.," word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	 	
		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		<u>.</u>
D. If amending the registered agent and/or registered office addre	ess in Florida, enter the name of the	
new registered agent and/or the new registered office address:		
Name of New Registered Agent		
(Florida stre	et address)	
New Registered Office Address:	, Florida	
	City) (Zip Code)	
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the position.	

Signature of New Registered Agent, if changing

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	PT John	<u>1 Doe</u>	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	SV Sall	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
I) X Change	PTD	PADLA GRACI	822 CEDAR HARBOUR CT
Add			BRADENTON FL 34212
Remove			
2) X Change	<u>VP</u>	JOSEPH HENRY	822 CEDAR HARBOUR CT.
Add			BRADENTON FL 34212
Remove Change			
Add			
Remove			
4) Change			
Add			***************************************
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if neo	onal Articles, enter change(s) he cessary). (Be specific)		
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-			
If an amendment provides fo	r an exchange, reclassification, o	r cancellation of issued shar	es,
provisions for implementing (if not applicable, indicat	the amendment if not contained N/A)	in the amendment itself:	
**			
	BE AMENDED	10.	
PAULA GRACI	51%		
TASEOH HEND	4 49%		
DSEFF NORE	1 (-1 / 0	·····	
		 	
	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
		<u></u>	

The date of each amendment(s) as	loption:	, if other than the
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 bedocument's effective date on the De	ock does not meet the applicable statutory filing requirements partment of State's records.	, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were add action was not required.	pted by the incorporators, or board of directors without shareho	lder action and shareholder
☑ The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes cast for the ame flicient for approval.	ndment(s)
	roved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendment	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
selecte	ector, president or other officer – if directors or officers have n by an incorporator – if it the hands of a receiver, trustee, or other officers by that fiduciary)	
	JOSEPH HENRY	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	

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