# P20000009067

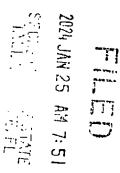
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#### **COVER LETTER**

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**TO:** Amendment Section Division of Corporations

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NAME OF CORPO	ORATION: JP Pavers Repair &	Restore Inc	
DOCUMENT NUM	1BER: P20000009067		
	es of Amendment and fee are su	bmitted for filing.	
Please return all corr	respondence concerning this ma	tter to the following:	
	Paola Balda		
		Name of Contact Persor	1
	JP Pavers Repar & Restore In	c	
	<u> </u>	Firm/ Company	
	250 107th St Circle E #211		
		Address	
	Bradenton FL 34212		
		City/ State and Zip Code	2
	jppaversrr@gmail.com		
	E-mail address: (to be us	ed for future annual report	notification)
For further informati	ion concerning this matter, pleas	se call:	
Paola Balda		at ( <sup>941</sup>	264-9798
Name	e of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check	for the following amount made p	payable to the Florida Depa	artment of State:
☐ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43,75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio The Co	Address  ment Section  n of Corporations  entre of Tallahassee  N. Monroe Street, Suite 810

Tallahassee, FL 32303

# Articles of Amendment Articles of Incorporation of

(Name of Corporation as current 20000009067  (Document Number of section 607.1006, Florida Statutes, this	of Corporation (if known)	EPILOLSTAN 25	_
(Document Number of	of Corporation (if known)	3.70.77	J: STATE
respons to the provisions of section 607 1006. Florida Statutos, this			~ **
Articles of Incorporation:	Florida Profit Corporation		-
If amending name, enter the new name of the corporation:			
me must be distinguishable and contain the word "corporation," "inc.," or Co.," or the designation "Corp," "Inc," or "Co"	A professional corporation	d" or the abbreviat name must conta	The new ion "Corp.," ain the word
Enter new principal office address, if applicable; principal office address MUST BE A STREET ADDRESS )			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	250 107th St Circle E		
•	#211		
	Bradenton FL 34212		
If amending the registered agent and/or registered office add new registered agent and/or the new registered office address		ame of the	
Name of New Registered Agent			_
(Florida st	reet address)		_
New Registered Office Address:		, Florida	Code)
	(City)	(Z.ip	Code)

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)

\_\_ Remove

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 PT John Doe X Remove <u>V</u> Mike Jones X Add SVSally Smith Address Type of Action Title Name (Check One) VΡ Joseph Henry 822 Cedar Harbour Ct 1) \_\_\_\_ Change Bradenton FL 34212 Add Remove 2) \_\_\_\_ Change Add \_\_ Remove 3) \_\_\_\_ Change \_\_\_\_ Add \_\_\_\_ Remove 4) \_\_\_\_ Change \_\_\_\_ Add \_\_\_ Remove 5) \_\_\_\_ Change \_\_\_ Add \_\_ Remove 6) \_\_\_\_ Change Add

If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate WA)  seeph Henry is requesting to transfer his 49% of shares to Paola Balda effective immediately. Paola Balda will now own 20% of the shares for the company.	(Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)  seeph Henry is requesting to transfer his 49% of shares to Paola Balda effective immediately. Paola Balda will now own		
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	00% of the shares for the company.	
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· • • • •	1/15/2023	
The date of each amendment(s) date this document was signed.	adoption:	, if other than th
	15/2023	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing requirements, this object that the does not meet the applicable statutory filing requirements, this object that the does not meet the applicable statutory filing requirements, this object that the does not meet the applicable statutory filing requirements, this object that the does not meet the applicable statutory filing requirements, this object that the applicable statutory filing requirements are considered.	date will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without shareholder ac	tion and shareholder
■ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendmen sufficient for approval.	nt(s)
	pproved by the shareholders through voting groups. The following states or each voting group entitled to vote separately on the amendment(s):	ment
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
1/15/202	<b>}</b>	
DatedSignature	med Plus	
(By a selec	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other cointed fiduciary by that fiduciary)	
	Joseph Henry	
	(Typed or printed name of person signing)	
	VP	
	(Title of person signing)	

### All

## Reminders

JP	Pavers
0	Sealers old customer email
0	Waterscapes price list
0	FB ad
0	Eduardo price/sf
0	Ed new company
0	Sunbiz remove Joe
0	Steven schedule
0	Tristan material
0	Call Chris hoa 617.833.0190
Gr	ocery
0	Green onions
0	Baking soda
0	Oven top cleaner
Pla	aces To Visit
0	De Leon Springs State Park (FL)