

P24000021125

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

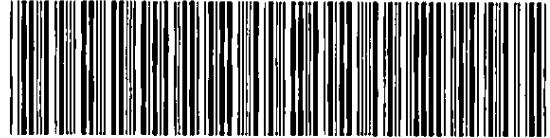
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

PLEASE list
Full addy &
name for VP

Office Use Only



900428390939

05/01/24--01019--018 **43.75

2024 JUL 12 PM 3:38
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

MA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 22, 2024

ANA L FERREIRA
100 WALLACE AVE STE 245
SARASOTA, FL 34237

SUBJECT: MARCIO PAVER INSTALLATION INC
Ref. Number: P24000021125

We have received your document for MARCIO PAVER INSTALLATION INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the full address and name for the vp.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

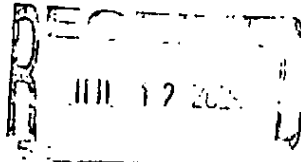
Morgan E Lovett
Regulatory Specialist II

Letter Number: 924A00011207

SECRETARY OF STATE
TALLAHASSEE, FL

2024 JUL 12 PM 3:38

FILED



COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: MARCIO PAVER INSTALLATION INC

DOCUMENT NUMBER: P24000021125

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ANA L FERREIRA

Name of Contact Person

ANAS ACCOUNTING SERVICES CORPORATION

Firm/ Company

100 WALLACE AVE STE 245

Address

SARASOTA, FL 34237

City/ State and Zip Code

ANA@ANASACCOUNTINGSERVICES.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANA L FERREIRA

Name of Contact Person

at (941)

726-4475

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$35 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)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

FILED
2024 JUL 12 PM 3:38
SECRETARY OF STATE
TALLAHASSEE, FL

Articles of Amendment
to
Articles of Incorporation
of

MARCIO PAVER INSTALLATION INC

(Name of Corporation as currently filed with the Florida Dept. of State)

P24000021125

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

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**)*

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent

(Florida street address)

New Registered Office Address:

(City)

Florida

(Zip Code)

2024 JUL 12 PM 3:38
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with 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) (e), F.S.

1

E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

THE STOCKHOLDERS DECIDED THAT THE OWNESHIP OF THE STOCKS WILL BE AS:

MARCIO PERES DA SILVA 50%

LARISSA GONCALVES DA SILVA 50%

F. 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 N/A)

2024 JUL 12 PM 3:38
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

The date of each amendment(s) adoption: 04/23/2024, if other than the date this document was signed.

Effective date if applicable: 04/23/2024
(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 incorporators, or board of directors without shareholder action and shareholder action was not required.
- ☐ 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)

Dated 04/22/2024

Signature Marcio Peres da Silva
(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)

MARCIO PERES DA SILVA

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

SECRETARY OF STATE
TALLAHASSEE, FL

2024 JUL 12 PM 3:38

FILED