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From:

Account Name : TIMELINE BUSINESS CENTER LLC

Accdont Number : 120150000034

Phone : (239)344-7417 Tex Number : (888)344-7262

AUG 2 6 2015

J. SAKKOTHERS

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## COR AMND/RESTATE/CORRECT OR O/D RESIGN JOINVILLE ENTERPRISES INC

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TO: +18506176380

P. \* 8

## **COVER LETTER**

TO: Amendment Section Division of Corporations	
NAME OF CORPORATION: TOENVILLE	ENTERPRISES INC
DOCUMENT NUMBER: P15000068962	
The enclosed Articles of Amendment and for a	re submitted for filing.
Please return all correspondence concerning th	s mader to the following:
ISMAEL CARDOSO	
	Name of Contact Person
TIMELINE BUSINESS	CENTER LLC
***************************************	Firm/ Company
8981 DANTEST CENT	ER DR.208
	Address
FORT MYERS, FL 339	
	City/ State and Zip Code
gunsrhouse@hosmail.com	
E-mail address: (10	be used for future annual report notification)
<del> </del>	,
For further information concerning this matter,	: pléase call: :
ISMAEL CARDOSO	at (239 ) 344-7417  Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount a	ands psyable to the Florida Department of State;
S35 Filing Fee Certificate of Sta	
Mailing Address	Street Address
Amendment Section Division of Corporations	Amendment Section Division of Corporations
P.O. Bex 6327	Clifton Building
Tallahassoc, FL 32314	2661 Executive Center Circle
	Tallehassee, FL 32301

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Articles of Amendment

SECTION ANY OF STATE

Arti	icles of Incorporation	<b>A</b> .	AMA (3)	· 上一百八十份,本
IIVNIOL	LE ENTERPRISES INC			
(Name of Corporation s	u currently filed with the F	lorida I	Dept. of State	2)
	P15000068962			
(Document	Number of Corporation (if k	mown)		
Pursuant to the provisions of section 607.1006, Florida Statistics of Incorporation:	atutes, this Florida Profit Co	orporatio	n adopts the	following amendment(s)
A. If amending name, enter the new name of the corpo	oration:			
				The new
name must be distinguishable and contain the word " "Corp.," "Inc.," or Co.," or the designation "Corp.," " word "chartered," "professional association," or the abb	'Inc," or "Co". A profession	or "inc anal cor	orporated" c poration nun	r the abbreviation
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	<u> </u>			
		***********		
C. Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)	<u></u>			
		<del></del>		
D. If amending the registered agent and/or registered new registered agent and/or the new registered offi	office address in Florida, e ce address:	nter the	name of the	
Name of New Registered Agent				
	67 / / · · · · · · · · · · · · · · · · ·			<del></del>
	(Florida street address)			
New Registered Office Address:	(City)		, Florida_	(Zip Code)
	(0.0)			,
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I am	red Agent: n familiar with and accept th	ne obliga	vions of the p	usition.
Carrie	e of New Registered Agent,	if changi	ло	

TO: +18506176380

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	PT	John Doe	
X Remove	<u>v</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1)Change	D	EVERTON COUTINHO	14650 EAGLE RIDGE DR# 144
X Add			FORT MYERS, FL 33912
Remove			
2) Change			
Add		·	
Remove			*****
3) Change			
Add			
Remove			
4)Change		Make there we nis on the second secon	***************************************
Add			
Remove			
5) Change			
Add			
Remove			
6)Change			
Add			
Remove			

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ttach additional sheets, if necessary).	eles, enter change(s) here: (Be specific)
A SECURE OF THE PROPERTY OF TH	
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de de part de de la color de del de	
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ravisions for implementing the omer	auge, reclassification, or cancellation of issued shares. Admint if not contained in the amendment diself:
(If not applicable, indicate N/A)	
	;
***************************************	

		08/24/2015		
The date of each amendment late this document was algued		·	***************************************	, if other the
www. enis populations and pilitiese	08/24/2015	•		
Effective date if applicable:		(no more than	90 days after amendment file	date)
Note: If the date inserted in incomera's effective date on the			leable statutory filing require	ements, this date will not be listed t
Adoption of Amendment(s)	•	CHECK ONE		
The amendment(s) was/was by the shareholders was/wa			se number of votes east for th	e zmendaemi(s)
The amendment(s) was/we must be separately provide	e approved by of for each voi	the shareholders the ing group emilled to	rough voting groups. The fai to vote separately on the amer	llowing statement adment(s):
"The number of votes	east for the a	mendment(s) was/w	ere sufficient for approval	
by		(voting group)		
		(vating group)		
The amendment(s) was/we action was not required.	re adopted by	the board of director	s without shareholder sction	and situreholder
The amendment(s) was/was settim was not required.	re adopted by	the incorporators wit	thout shareholder action and	shareholder
08/24	/201			
Dated	<del></del>			
Signature	X = X	encident on ather off	icer if directors or officers	have not here
55	lecipd, by an		he hands of a receiver, trusted	
	GUNAI	VEIGSDING JR	·	
		(Typed or printed	i name of person signing)	
	PRESII	ENT		
	·	(This	of parson signing)	,