Division of Corporations Electronic Filing Cover Sheet

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ζo:

Division of Corporations

Fax Mumber : (950) 617-6393

Prom:

Account Name : TIMELINE BOSINESS CENTER LLC

Account Number : 120150000034

: (239)344-7417

Fax Sumber

: (889)344-7262

\*\*Enter the email eddress for this business sutity to be used for AMDES! ennual report mailings. Enter only one email address please. 8-

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MYHOUSE3D LLC

Certificate of Status () Certified Copy Ĥ Page Count 05 Estimated Charge \$25.00

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Electronic Filing Menu

Corporate Filing Menu

Help

## COVER LETTER

TO:	Registration Se Division of Cor					
CIIDI	MYHOUS	E3D LLC				
30001	ECT:	Name of Lim	ited Liability Company	The appropriate of the Control of th		
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Pleasc	return ali correspo	ondence concerning this matter	to the following:			
		ISMAEL CARDOSO				
		Million on the Million on the Control of the Contro	Name of Person	Marin commendation and an array		
	TIMELINE BUSINESS CENTER LLC					
Firm/Company						
	8981 DANIELS CENTER DR 208 Address					
	FORT MYERS, FL 33912					
			City/State and Zip Code			
		ismael@timelinebusiness.c	om to be used for future annual report noti	fice(ion)		
For fur	ther information c	oncerning this matter, please of	•			
ISMA	EL CARDOSO		239 344-7417			
**********	Name o	f Person	239 344-7417 at () Area Code Daytime	e Telephone Number		
Enclos	ed is a check for th	ne following amount:				
\$2.	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Fiting Fee, Certificate of Stams & Certified Copy (additional copy is enclosed)		

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314 STREET/COURIER ADDRESS: Registration Section Division of Corporations

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	MYHOUSE	E3D LLC				
(Name of the Limi	ted Liability Compa (A Florida Limited I	ny as it now appears on o Dability Company)	ur records.)	~ <del></del>		
The Articles of Organization for this Limited L		were filed on 62/11/20	15	ූ and ස	ssigned	į
Florida document number 1.15000026006	*******************					
This amendment is submitted to amend the following	lowing:					
A. If amending name, enter the new name of	of the limited liab	ility company here:				
The new name must be distinguishable and contain the	words "Limited Liabil	lity Company." the designa	tion "LLC" or the abbres	ziation "]	L.L.C."	
Enter new principal offices address, if applie	5540 BENTON ST					
(Principal office address MUST BE A STRE)		LEHIGH ACRES, FL	33971			
				2-3		
			1	— (c) (r> 70)	<u> </u>	· * ** ***.4
Enter new mailing address, if applicable:		5540 BENTON ST			<u>5</u>	
(Mailing address MAY BE A POST OFFICE	BOX	LEHIGH ACRES, FL		S. J.	ယ်	
		***************************************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u>irrica</u>	<u> </u>	
				<u> </u>	ထ	
B. If amending the registered agent and registered agent and/or the new registered of			records, enter the	Frame	ehtl	<u>ie new</u>
Name of New Registered Agent:	ROSIMEIRE P	TRES				
New Registered Office Address:	ST					
	Enter Florida str	eet address				
	LEHIGH ACR		, Florida _33971			
		Ciņ		Zip Code	?	

## New Registered Agent's Signature, if changing Registered Agent;

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

8/3/2015 7:42 AM

FROM: 8883447262

TO: +18506176383

Р.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	ROSIMEIRE PIRES	5540 BENTON ST	■ Add
The second secon		LEHIGH ACRES, FL 33971	
		, we show the first own residences are not about the first of the first own own of the first own of the first own own of the first own	[] Change
MGR	NILTON RODRIGUES	5540 BENTON ST	
		LEHIGH ACRES, FL 33971	□ Remove
			Change
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		Park 1 4 10 10 10 10 10 10 10 10 10 10 10 10 10	□ Remove
			□ Спале
Phones 11 Spanie			Add
			□ Веткие
			☐ Change

D. If amending any other informat	ion, enter change(s) here: (Attach additional she	ets, if necessary.)
AB		garre Administry symbologists of the community planting group and analysis.
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		**************************************
186		
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***************************************		55 St
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	กลาวาชกร	7.
E. Effective date, if other than the call an effective date is fixed, the date must Note: If the date inserted in this blo document's effective date on the Department.	fate of filing:  be specific and cannot be prior to date of filing or more than \$ ck does not meet the applicable statutory filing require	(optional) 00 days after filing.) Pursuant to 605,0207 (3)(b) entents, this date will not be listed as the
If the record specifies a delayed (b) The 90th day after the reco	effective date, but not an effective time, at rd is filed.	: 12:01 a.m. on the earlier of:
Dated August 3rd	2015	
	On listan Caramanan	
,	ignature of a member of authorized representative of a men	iber
	NILTON RODRIGUES	
.p. 16 16777 40 20 60 77" - 1 - 44 40 60 11 11 11 11 11 11 11 11 11 11 11 11 11	Typed or printed name of signee	The same of the sa

TO: +18506176383 P. 5

8/3/2015 7:42 AM FROM: 8883447262