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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TIMELINE BUSINESS CENTER LLC

Account Number : 120150000034 Phone : (239)344-7417 Fax Number : (888)344-7262

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MAID IN BRAZIL LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	MAID IN BRAZIL LLC	28 ASSE
(Name of the Limited L (A F	lability Company as it now appears on our records.) londo Limited Liability Companyl	ESF R D
The Articles of Organization for this Limited Liabil Florida document number L08000006619		antigramed S.
This amendment is submitted to amend the followi	ng:	
A. If amending name, enter the new name of th	e limited liability company here:	
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicabl	e:	
(Principal office address MUST BE A STREET)	(DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BC	<u></u>	
B. If amending the registered agent and/or registered office address l	istered office address on our records, <u>enter the manners</u> :	ame of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter l'iorida street address	
	. Florida	
	Cini	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 fited to merely refiect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

To: +18506176383

Page: 4 of 5 2021-10-28 19:49:23 GMT 18883447262 From: Ismael Cardoso 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	JAMES PROPP	1539 SCHOLAR CT	CAdd
		LEHIGH ACRES, FL 33971	
			□Change
MGR	SEBASTIANA M PROPP	1539 SCHOLAR CT	<u> </u>
		LEHIGH ACRES, FL 33971	LIRemove
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Company of the Compan					
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	epartment of State's record	ds.			
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