

FLORIDA DEPARTMENT OF STATE
Division of Corporations
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((H210004015003)))



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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.

Email Address: tianna.propp@hotmail.com

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2021 OCT 28 PM 3:18

FILED

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

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

OCT 29 2021

S. PRAVITA

2021 OCT 28 PM 4:01

TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MAID IN BRAZIL LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2021 OCT 28 PM 3:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 01/18/2008 and signed by _____
Florida document number L08000006619

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices 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) _____

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida _____

City

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

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>	<u>Address</u>	<u>Type of Action</u>
MGR	JAMES PROPP	1539 SCHOLAR CT	<input type="checkbox"/> Add
		LEHIGH ACRES, FL 33971	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	SEBASTIANA M PROPP	1539 SCHOLAR CT	<input type="checkbox"/> Add
		LEHIGH ACRES, FL 33971	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]**Filing Fee: \$25.00**