Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TIMELINE BUSINESS CENTER LLC

Account Number : I20150000034 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: heatstonespecialist@gmail.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HEAT STONE SPECIALIST LLC

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

Electronic Filing Menu Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2024 OCT 22 AMII: 41

HEAT STONE SPECIALIST LLC		7:1	The state of the s		
(<u>Name of the Limited Lia</u> (A Flo	ibility Company as it no orida Limited Liability C	ompany)	HAHASSEE, FLORIDA		
The Articles of Organization for this Limited Liabilit Florida document numberL11000108901	y Company were file				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the l	limited liability con	ipany here:			
The new name must be distinguishable and contain the words "	Limited Liability Compa	my," the designation "LLC"	" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET AD	DDRESS)				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered and/or the new registered office address her	ered office address (on our records, <u>enter (</u>	the name of the new registered		
Name of New Registered Agent:					
New Registered Office Address:		Enter Florida street address			
		, Flo	orida Zıp Code		
	Cuy		Zip Code		
New Registered Agent's Signature, if changing Register					
I hereby accept the appointment as registered age provisions of all statutes relative to the proper an accept the obligations of my position as registered being filed to merely reflect a change in the regist company has been notified in writing of this change	d complete perform d agent as provided tered office address	ance of my duties, an for in Chapter 605, I	d I am familiar with and F.S. Or, if this document is		

If Changing Registered Agent, Signature of New Registered Agent

TO:18506176383 FROM:8883447262

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>	Name	Address	Type of Action
MGRM	EUCIANA CANDIDO	4117 BELLASOL CIR115	
		FORT MYERS, FL 33916	■Remove
MGR	BRIAN C CANDIDO	4117 BELLASOL CIR115	
		FORT MYERS, FL 33916	Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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Dated	10/16/20			·					
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				or authorized repre	sentative of a member	er			
			24 4 52 17	CANDIDO JR					

Filing Fee: \$25.00