10/18/24, 2:02 PM



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H240003491673)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TIMELINE BUSINESS CENTER LLC

Account Number : I20150000034 : (239)344-7417 : (888)344-7262 Fax Number

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

Email Adinversionesols@hotmail.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LEDEZMA INTERNATIONAL BUSINESS LLC

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

Electronic Filing Menu — Corporate Filing Menu

Help

T. LEMIEUX OCT 2 1 2024 10/18/2024 11:14 AE

TO:18506176383 FROM:8883447262

Page: 3

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LEDEZMA INTERNATIONAL BUSINESS LLC			
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records Liability Company)	.	
The Articles of Organization for this Limited Liability Company Florida document number <u>L12000013701</u> .	cles of Organization for this Limited Liability Company were filed on 01/30/2012 and assigned document number L12000013701		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company." the designation "LLC"	or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		A	
(Principal office address MUST BE A STREET ADDRESS)			
		B PH 3	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>enter</u>	the name of the new registered	
No. Designant Office Address			
New Registered Office Address:	Enter Florida street address	· · · · · · · · · · · · · · · · · · ·	
	, Flo	orida	
	Cny	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as thems sited to merety restore a change in the registered affect company has been notified in writing of this change.	performance of my duties, an provided for in Chapter 605, i	d I am familiar with and F.S. Or, if this document is	

10/18/2024 11:14 AM TO:18506176383 FROM:8883447252

Page: 4

If amending Authorized Person(s) authorized to manage, enter the fifle, 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	JAVIER SANCHEZ NEIRA	1516 NE 17TH AVE	⊞ Add
		CAPE CORAL FL 33909	□Remove
			≘ Change
MGRM	OSVALDO LEDEZMA SANCHE	1516 NE 17TH AVE	
		CAPE CORAL FL 33409	
			Change
			DAdd
			∐Remove
			□ Add
			□ Remove
			© Change
			LAdd
			□∧dd
			□ Remove

). If amending any other information, enter change(s) here: (Attach	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of fil Note: If the date inserted in this block does not meet the applicable statute document's effective date on the Department of State's records.	(optional) ling or more than 90 days after filing.) Pursuant to 605.0207 (3 my filing requirements, this date will not be listed as the
f the record specifies a delayed effective date, but not an effective time, at 12:0 ecord is filed.	It a.in. on the earlier of: (b) The 90th day after the
Dated 10/18/20/ Signature of a member or authorized representation	sentative of a member
ANDRES F NIETO	

Typed or printed name of signee