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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. **

souzamoura1975@hotmail.com Email Address:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BEST FLOOR POINT LLC

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MAY 23 2024

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T. LEMIEUX Help

FARTICLES OF AMENDMENT TO

* ARTICLES OF	ORGANIZATION			
· · · · · · · · · · · · · · · · · · ·)F			
BEST FLOOF (Name of the Limited Liability Comp (A Florida Limited		<u>s.</u>)		
The Articles of Organization for this Limited Liability Company were filed on 07/14/2014 Florida document number L14000111051			and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	bility company here:			
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC	" or the abbreviation "L.I.	C."	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)		8	<i>(D</i>)	
		<u>; </u>		
Enter new mailing address, if applicable:		23	Ti E	
(Mailing address MAY BE A POST OFFICE BOX)		<u>; ; ; = </u>	<u> </u>	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter	the name of the new	register æ	
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street address	s		
	. Flo	orida		
	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.

05/23/2024 13:33 PM

TO:18506176383 FROM:8883447262

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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
AMBR	RONALDO MOURA	1520 JEFFERSON AVE	
		FORT MYERS, FL 33901	□Remove
			□Add
			□Remove
			□Change
			□Add
			□ Remove
			☐ Change
			□Add
			Remove
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<u> </u>			□Add
			Remove
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4.			
			
			
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	<u> </u>	· · · · · · · · · · · · · · · · · · ·	
	st be specific and cannot be prior t lock does not meet the applica		(optional) days after filing.) Pursuant to 605.0207 (3) ents, this date will not be listed as the
If the record specifies a delayed effective record is filed.	e date, but not an effective tin	ne, at 12:01 a.m. on the earl	er of: (b) The 90th day after the
Dated May 23nd	2024		
	SI	-	
		rized representative of a member	

Filing Fee: \$25.00

Typed or printed name of signee