

9/14/2015 7:4 AM

9/14/2015

L15000148402

Florida Department of State

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.\*\***

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RICK GENERAL SERVICES LLC

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TO: +18506176383

P. 3

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: RICK GENERAL SERVICES LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ISMAEL CARDOSO

Name of Person

TIMELINE BUSINESS CENTER LLC

Firm/Company

8981 DANIELS CENTER DR 208

Address

FORT MYERS, FL 33912

City/State and Zip Code

giselle-baby@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ISMAEL CARDOSO

239 344-7417

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

9/14/2015 7:48 AM FROM: 8883447262

TO: +18506176383 P. 2

850-617-6381

9/14/2015 8:11:46 AM PAGE 1/001 Fax Server



September 14, 2015

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

TIMELINE BUSINESS CENTER LLC

SUBJECT: RICK GENERAL SERVICES LLC  
REF: L15000148402

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The electronic filing cover sheet submitted with your document reflects the incorrect type of document. The cover sheet must reflect the type of document you are filing. Please generate a new fax audit cover sheet under the appropriate document type. When resubmitting your document for filing, please also send a copy of the incorrect cover sheet marked "ABANDONED".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neyssa Culligan  
Regulatory Specialist II

FAX Aud. #: H15000218781  
Letter Number: 515A00019272

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9/14/2015 7:48 AM FROM: 8883447262

TO: +18506176383 E D P. 4

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

2015 SEP 14 AM 8:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RICK GENERAL SERVICES LLC

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

The Articles of Organization for this Limited Liability Company were filed on 08/31/2015 and assigned  
Florida document number L15000148402

This amendment is submitted to amend the following:

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

G & R DESIGN SERVICES LLC

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

City

Florida

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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

7  
8  
9  
10

2015 SEP 14 AM 8:10

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WASHINGTON, D.C. 20520

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated September 10th

2015



Signature of a member or authorized representative of a member

GISELE MOREIRA LEITE

Typed or printed name of signer: \_\_\_\_\_