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: 120150000034 Phone: (239)344-7417 Fax Number: (888)344-7262

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

Email Address: ALOHANIKITI @ GMALL, COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGNED IMO GRANITE LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

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Electronic Filing Menu

Corporate Filing Menu

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SUBJECT: Name of Limited Liability Company Name of Person			
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			
Please return all correspondence concerning this matter to the following: ISMAEL CARDOSO			
Name of Person			
	tus &		
TIMELINE BUSINESS CENTER LLC			
Firm/Company			
8981 DANIELS CENTER DR 208			
Address			
FORT MYERS, FL 33912			
City/State and Zip Code			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
IGOR M OLIVEIRA 239 284-6294			
Name of Person at (
Enclosed is a check for the following amount:			
S25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)			

COVER LETTER

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

5/12/2016 2:36 PM

FROM: 8883447262

TO: +18506176383

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

IMO GRANIT	E LLC	
(<u>Name of the Limited Liability Company</u> (A Florida Limited Lia	as it now appears on our records.) bility Company)	
The Articles of Organization for this Limited Liability Company w Florida document number L16000026310	vere filed on 02/08/2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	ty company here:	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	7	
(Mailing address MAY BE A POST OFFICE BOX)		
		(
B. If amending the registered agent and/or registered offi	ce address on our records, enter	thenamerof the ne
registered agent and/or the new registered office address here:	FLORID	9. 26
Name of New Registered Agent:	39	
New Registered Office Address:	Enter Florida street address	
	. Florida	
V-0	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

5/12/2016 2:36 PM FROM: 8883447262

TO: +18506176383

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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>	<u>Name</u>	Address	Type of Action
MGR	VERA AQUINO	4411 CORTINA CIR STE 626	D Add
·		FORT MYERS, FL 33916	■ Remove
		,	□ Add
			☐ Remove
			Change
			□ Add
			Remove A Change SSEE A Add 1
			FLORA NO Remove
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Effective date, if other fan effective date is listed, Note: If the date inserte document's effective date	the date must be specific d in this block does no	and cannot be prior of meet the applica	to date of filing or most able statutory filing	(option to days after requirements, this	filing.) Pu	rsuant to 6 not be li	05.02 ist e d
ne record specifies a The 90th day afte			t an effective til	me, at 12:01 a	.m. on	the ear	lier
05/12 Dated		2016					
	11 10		 *				

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Typed or printed name of signce

Filing Fee: \$25.00