11/2/22, 12:15 PM

Division of Corporations



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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: remaloel2@msn.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CORNERSTONE INTERNATIONAL PAVERS LLC

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

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NOV 03 2022

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CORNERSTONE INTERNAT	IONAL PAVERS LLC	
(Name of the Limited Liability Compa- (A Florida Limited L	ny as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L16000057539	were filed on FLORIDA	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ity 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)		
3. If amending the registered agent and/or registered office a	ddress on our records, enter the no	ome of the new register
gent and/or the new registered office address here:	darios ou our records; <u>ciner the na</u>	ine of the new register
Name of New Registered Agent:		20221
New Registered Office Address:		V 100 100 100 100 100 100 100 100 100 10
	Enter Florida street address	-2 -2
	, Florida _	-Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
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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.

11/2/2022 .10:15 AM

TO:18506176383 FROM:8693447262

Page: 4

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

Title	<u>Name</u>	Address	Type of Action
MGR	IVONNE SIMOES	2066 CAPE HEATHER CIR	□Add
		CAPE CORAL, FL 33991	■ Remove
			Change
			□Add
			□Remove
			□Add
			[] Remove
			Change
			□Add
			□Remove
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			∴ Change
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te: If t	date, if other than the da we date is listed, the date must be the date inserted in this block is effective date on the Depar	does not meet the app	licable statutory filing	requirements, this date) Pursuant to 605.020 will not be listed a
ecord sp is tiled.	pecifies a delayed effective da	ite, but not an effective	e time, at 12:01 a.m. or	n the earlier of: (b) Th	e 90th day after the
	11/2/2028	<u> </u>	·		
ited					
ited		Laurine of a member or au	o Simo	<u> </u>	

Filing Fee: \$25.00