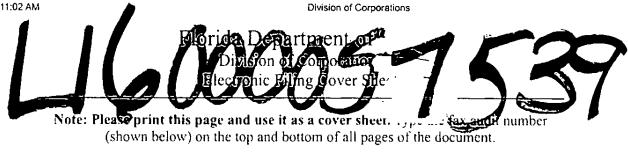
5/23/24, 11:02 AM



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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 : (888)344-7262

Fax Number

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

ကြည်း မြောဆေး] Address:_ remaloel2@msn.com

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

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

Electronic Filing Menu

Corporate Filing Menu

450S & S YAM Help T. LEMIEUX

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CORNERSTONE INTERNATIONAL PAVERS LLC			
(<u>Name of the Limited Liability Company</u> (A Florida Limited Liab	as it now appea oility Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Company we	ere filed on	03/21/2016	and assigned
Florida document number 1.16000057539			-
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabilit	y company h	ere:	
The new name must be distinguishable and contain the words "Limited Liability	Company," the	lesignation "LLC" or	the abbreviation "L.I.,C."
Enter new principal offices address, if applicable:	<u> </u>		
(Principal office address MUST BE A STREET ADDRESS)			
-			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		<u>.</u>	
-			<i>co</i> :
B. If amending the registered agent and/or registered office add	ress on our r	ecords, <u>enter the</u>	name of the new register
agent and/or the new registered office address here:			
Name of New Registered Agent:			5-1
New Registered Office Address:			能多意味
	Enter Flo	rida street address	产品版 D
	City	Florida	Zin Code
Nam Dogistand County Signature (Cabonaina Designad Access	•	1	(3)

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 08:07 AM

TO:18506176383 FROM:8883447252

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	IVONNE SIMOES	2066 CAPE HEATHER CIR	≅Add
		CAPE CORAL, FL 33991	□Remove
			□Change
***************************************			□Add
			□Remove
			□Change
			□Add
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			□Add
		- The state of the	□Remove
			☐ Change
<u> </u>			□Add
			□Remove
			□Change
			□Add
			Remove
			□Change

,	
•	
E. Effect	ive date, if other than the date of filing: (optional) fective 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)
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
If the recor	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	05/17/2024
	Carina
	Signature of a member or authorized representative of a member
	Signature of a member of authorized representative of a member
	LUCIANO SIMOES

Filing Fee: \$25.00

Typed or printed name of signee