Florida-Department of State

División of Comorations

Electronic Pining 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

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:

020 JUL 15 PK 4: 0

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PEARL GENERAL SERVICES, LLC

Certificate of Status	0
Certified Copy	0
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Electronic Filing Menu

Corporate Filing Menu

Help

To: Page 3 of 5 ♥

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

7678 HELLS 34 0.00

	1919 00 13, RH 3- 29
PEARL GENERAL S	ERVICES, LLC
(Name of the Limited Liability Compar (A Florida Limited L	ly as it now appears on our records.)
(O : IOHOR EMIRCO E	saumsy Company)
The Articles of Organization for this Limited Liability Company	were filed on 04/22/2016 and assigned
Florida document number L16000079570	
•	
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."
E de la companya del companya de la companya del companya de la co	3740 METRO PKWY APT 1010
Enter new principal offices address, if applicable:	FORT MYERS; FL 33916.
(Principal office address MUST BE A STREET ADDRESS)	
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·	: : : : : : : : : : : : : : : : : : :
Enter new mailing address, if applicable:	3740 METRO PKWY APT 1010
(Mailing address MAY BE A POST OFFICE BOX)	FORT MYERS, FL 33916
,	
B. If amending the registered agent and/or registered office a	address on our records, enter the name of the new reg
agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	•
New Repistered Office Address.	
New Registered Office Address.	Enter Florida street u idress
New Registered Office Address.	Enter Florida street a idress , Florida
New Registered Office Address.	
New Registered Agent's Signature, if changing Registered Agent:	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	City Zip Code
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agr	, Florida Zip Code ee to act in this capacity. I further agree to comply w
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete	City Zip Code ee to act in this capacity. I further agree to comply w performance of my duties, and I am familiar with an
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as t	City Zip Code ee to act in this capacity. I further agree to comply w performance of my duties, and I am familiar with an provided for in Chapter 605, F.S. Or, if this documen
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agranging of all statutes relative to the proper and complete	City Zip Code ee to act in this capacity. I further agree to comply w performance of my duties, and I am familiar with an provided for in Chapter 605, F.S. Or, if this documen
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office	City Zip Code ee to act in this capacity. I further agree to comply w performance of my duties, and I am familiar with an provided for in Chapter 605, F.S. Or, if this documen
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered affice	City Zip Code ee to act in this capacity. I further agree to comply w performance of my duties, and I am familiar with an provided for in Chapter 605, F.S. Or, if this documen

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	Name	2020 JEH 15 AH 9: 29	Type of Action
AMBR	Gilmario Alcluia dos Anjos	3740 METRO PKWY APT 1010	
		FORT MYERS, FL 33916	□ Remove
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			□Add
		· · · · · · · · · · · · · · · · · · ·	□Remove
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ctive date, if other than	the date of filing: 06/15/2020 c must be specific and carnot be prior	to date of filing or more than	(optional)
e: If the date inserted in thi	iis block does not meet the applic	able statutory filing requir	ements, this date will not be list
iment's effective date on th	he Department of State's records	•	
cord specifies a delayed effe	ective date, but not an effective ti	ime, at 12:01 a.m. on the e	earlier of: (b) The 90th day after
filed.			•
. June 15th	2020		•
ed	7	·	
J + 122			

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Typed or printed name of signee