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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

The second secon

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

Email Address: infinityDStone@hotmail.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN INFINITY PAVERS DESIGN LLC

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T. LEMIEUX SEP 2 6 2022

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

INFINITY PAVERS DESIGN LL	C	
(Name of the Limited Liability Company as it now a (A Florida Limited Liability Comp	ppears on our records.) any)	
The Articles of Organization for this Limited Liability Company were filed of Florida document number L17000071368	s FLORIDA	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability compar	ny here:	
(Principal office address MUST BE A STREET ADDRESS)	the designation "LLC" or the a	
B. If amending the registered agent and/or registered office address on eagent and/or the new registered office address here: Name of New Registered Agent:	our records, enter the na	me of the new registered

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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. Thereby confirm that the limited liability company has been notified in writing of this change.

Cin

Enter Florida street uddress

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Page: 4

If amending Authorized Person(s) authorized to manage, enter the fitte, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Áddress	Type of Action
MGR GLORIA L ROSALES	2331 WOODLAND BLVD	□Add	
		FORT MYERS, FL 33907	
			□Change
			□Add
			□Remove
			UChange
			C'Add
		□Remove	
		□ Change	
			□Add
		Remove	
			Change
			
		[]Remove	
			<u>L</u> JChange
		Remove	
			□Change

). If amending	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
-	
	
: l'Mostive d	late, if other than the date of filing:
(If an effective Note: If the	e 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 e date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a effective date on the Department of State's records.
f the record spe ecord is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	9-14-3082
-	
_	Signature 6, a member of authorized representative of a member
	ANTONIO ROSALES MONTES

Filing Fee: \$25.00

Typed or printed name of signee