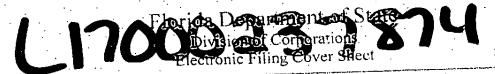
Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000318089 3)))



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To:

Division of Comperations

Fax Number ...: (850) 617-6383

Account Name . : TIMELINE BUSINESS CENTER LLC

Account Number : 12015000034 Phone : (239)344-7917

: (898)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: **

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BUSINESS SOLUTIONS ON-THE-GO, LLC

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\$25.00

Corporate Filing Menu -

To: Page 3 of 3

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to	to section 605.0209, P.S., this document is being submitted to correct a previously fired document.	LLC
<u>first</u> : T	to section 605.0209, P.S., this document is being submitted to correct a previously fired document. BUSINESS SOLUTIONS ON-THE-GO, The name of the limited liability company is:	
		· ·
SECOND	D: The Florida Document number of the limited liability company is: L17000237874	
THIRD:	Entouzorora Armaes ar Organic	<u>ation</u>
	(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEME	<u>NT</u>
S	Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the statement are as follows:	
	This Company was supposed to be a Multi Member LLC. Please add the second Manager	
: 7	as follows: Raydgar S Almeida, address 1403 Xelda Ave S, Lehigh Acres, FL	33976
<u> </u>	<u>OR</u>	
	Was defectively signed. The manner in which the document was defectively signed and the appropria as follows:	te correction are
٠.		<u> </u>
-		C) See N
-		<u> </u>
	<u>OR</u>	
	The electronic transmission of the record was defective.	့ ကွ
	Raydgar Son to Almerca 10/05/17 Signature of Authorized Representative Date	<u> </u>
٠. ،		•
Signature accepting	re of new registered agent, if applicable: (NOTE: if correcting the registered agent, the new registered agent, the new registered agent.	agent must sign
I hereby provision	egistered Agent's Signature, if changing Registered Agent: y accept the appointment as registered agent and agree to act in this capacity. I further agree to comply ons of all statutes relative to the proper and complete performance of my duties, and I am familiar with ions of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is bein a change in the registered office address, I hereby confirm that the limited liability company has been r	i and accept the ig filed to merely
of this ch	change.	
	Registered Agent's Signature	
	Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)	