From: Ismael Cardi

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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

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

Email Address: marciabruineis12@icloud.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ELITE SQUAD HOME SOLUTIONS, LLC

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NH 23 INI

From; Ismael Cardo

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

ELITE SQUAD HON	ME SOLUTIONS, ELC	
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L19000201341	were filed on 08/07/2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:	icable: 5536 BECK ST	
(Principal office address MUST BE A STREET ADDRESS)	LEHIGH ACRES, FL 33971	
Enter new mailing address, if applicable:	5536 BECK ST	
(Mailing address MAY BE A POST OFFICE BOX)	LEHIGH ACRES, FL 33971	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, enter the num	e of the new registered
New Registered Office Address:	Ento: Florida street address	PH 2
<u>,</u>	, Florida	Zip Lode
N. D. Sand Land's Constant of changing Pogistered Agent	•	9

New Registered Agent's Signature, if changing Registered Age

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.

1 From, Ismael Cardo

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

2022-06-22 14:10:39 GMT

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	MARCIA BRUINEIS	5536 BECK ST	
		Lehigh Acres, FL 33971	
AMBR	Tales Hashimoto Oliveira Jr	5536 BECK ST	Add
		Lehigh Acres, FL 33971	
			□Add
			ПRemove
			□Change
· 			□Add
			□Remove
		***************************************	[TChange
			□ Add
			□Remove
			: JAdd
			□Remove
			Change

From, Ismael Cardi

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). If amending any other information, enter change(s) here: (Attuch additional sheets, if necessary.)
E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Parsuant to 605.01 Note: If the date inserted in this block does not meet the applicable statutory tiling requirements, this date will not be listed document's effective date on the Department of State's records.
If the record 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 record is filled
Dated June 21st (Signature of American Tephenemiatric of Commerce)
MARCIA BRUINEIS
Typed or printed name of signee