

## Florida Department of State

Division of Corporations  
Electronic Filing Cover Sheet**419 000 201341**

**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.

(((H22000215175 3)))



H220002151753ABCZ

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.**  
Doing so will generate another cover sheet.

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

**\*\*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.comLLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
ELITE SQUAD HOME SOLUTIONS, LLC

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

2022 JUN 22 PM 10:48

2022 JUN 22 PM 2:29

APPROVED  
AND  
FILED

Electronic Filing Menu

Corporate Filing Menu

Help

JUN 23 2022  
K. Brumbley

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ELITE SQUAD HOME SOLUTIONS, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 08/07/2019 and assigned  
Florida document number L19000201341.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC," or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

5536 BECK ST

LEHIGH ACRES, FL 33971

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5536 BECK ST

LEHIGH ACRES, FL 33971

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

City

Zip Code

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.*

If Changing Registered Agent, Signature of New Registered Agent

2022 JUN 22 PM 2:09  
FILED  
APPROVED

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	MARCIA BRUNEIS	5536 BECK ST	<input type="checkbox"/> Add
		Lehigh Acres, FL 33971	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Tales Hashimoto Oliveira Jr	5536 BECK ST	<input checked="" type="checkbox"/> Add
		Lehigh Acres, FL 33971	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

