5/23/23, 11:09 AM

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.

(((H23000189412 3)))



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 : I20150000034 Phone : (239)344-7417

Fax Number : (888)344-7262

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

Email Address: cleaning.sm@hotmail.com

E-LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SILVANA'S CLEANING LLC

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

S. ROBERTS

Electronic Filing Menu Corporate Filing Menu

Help

MAY 2 3 2023

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

SILVANA'S CLEANING LLC		
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 05/25/2021	and assigned
Florida document number 1.21000250547		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
		202
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "Ltf.TC."
Enter new principal offices address, if applicable:	316 Alabama ave	; ;>
Principal office address MUST BE A STREET ADDRESS)	lynn Haven Fl 32444	ω
		:11H: 21
		1:2
Enter new mailing address, if applicable:	316 Alabama ave	
Mailing address MAY BE A POST OFFICE BOX)	lynn Haven Fl 32444	
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, <u>enter the na</u>	me of the new regis
New Registered Office Address:	Enter Florida street address	
	, Florida	

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.

05/23/2023 B8:16 AM, TO:	.8506176383 FROM:	8883447262
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Page: 4

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>	Name	Address	Type of Action
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□ Remove
			□Change
			□Add

Effective date, if other than the date of filing: [Uffactive date, if other than the date of filing: [Uffactive 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 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the cartier of: (b) The 90th day after the red is filed. Dated 5/23/2023 Signature of a member or authorized representative of a member SILVANA DA SILVA MARQUES	If ameno	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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	Dated	5/23/2023
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		SILVANA DA SILVA MARQUES

Filing Fee: \$25.00