Division of Corporations **Electronic Filing Cover Sheet**

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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

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

Email Address: lucianazcc@gmail.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LU PETIT SWEETS LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF.

FILED 2024 OCT 22 PM 1: 07

LU PETIT SWEETS LLC	. ·	1.07		
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records D.L. I Liability Company)	AHASSEE, FLORIDA		
The Articles of Organization for this Limited Liability Compar	y were filed on 01/26/2023	and assigned		
lorida document number L23000049258				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	bility company here:			
he new name must be distinguishable and contain the words "Limited Lia	bility 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)				
Enter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the</u>	name of the new regist		
Name of New Registered Agent:				
New Registered Office Address:				
	Emer Florida street address			
	ron			
		aZip Code		

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.

10/22/2024 08:57 AM

TO:18506176383 FROM:8883447252

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

Title	<u>Name</u>	Address	Type of Action
AMBR	BRIAN C CANDIDO	4117 BELLASOL CIRC APT 115	
		FORT MYERS, FL 33916	■Remove
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. Effect	ive date, if other than the date of filing:(optio	nal)	
Note:	ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after the date inserted in this block does not meet the applicable statutory tiling requirements, this ent's effective date on the Department of State's records.	iling.) Pursuant to 60 date will not be lis	15,0207 (3 ited as th
the reco	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) led.	The 90th day aft	er the
	10/22/2024		
Dated	 M		
	Signature of a member or authorized representative of a member		

Filing Fee: \$25.00

Typed or printed name of signee