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.

(((H210003754193)))



H21000375419348C%

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)617-6380

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.

COR AMND/RESTATE/CORRECT OR O/D RESIGN DESIGN BY EDI INC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00

QCT 0 8 2021

A. LUHT

Electronic Filing Menu

Corporate Filing Menu

Help

Page: 3 of 6

Articles of Amendment 10 Articles of Incorporation

	10		<u>ب</u>
	Articles of Incorpo	ration	2 2 0
	of		22
	DESIGN BY EDI	INC	SECRETA SECRETA 2021 OCT
	····		<u> </u>
(<u>trame of C or</u>		d with the Florida Dept. of State)	-1 CO
	P13000098686	•	Region of the second
(Document Number of Cor	poration (if known)	- 300
			유 육류
Pursuant to the provisions of section 607.1006, its Articles of Incorporation:	Florida Stanites, this Flori	ida Profit Corporation adopts the fol	lowing amendment(§) to
A. If amending name, enter the new name of	f the corporation:		
			The new
nome must be distinguishable and contain the w	ord "corporation," "comp	any," or "incorporated" or the abbre	viation "Com"
"inc.," or Co.," or the designation "Corp," "chartered," "professional association," or the	"Inc," or "Co". A mo	efessional corporation name must c	ontain the word
B. Enter new principal office address, if app	dieghie-		
(Principal office address MUST BE A STREE			
•	,		
C. Enter any mailing address if applicable			
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFICE)			
(maning appress part press to St Of Th	<u></u>		
1) If a mondian the number of a contract to			
 If amending the registered agent and/or r new registered agent and/or the new registered. 	<u>registered office address i</u>	n Florida, enter the name of the	
the section agent and or the new regions	stered office address:		
Name of New Registered Agent			

	(Elovida street au	(dress)	
New Registered Office Address:		, Florida	
	(City)		(Zip Code)
			(sult -vicens)
Your Donaistavad Laureta Cinners	. 18		
New Registered Agent's Signature, if changin Thereby accept the appointment as registered as	ig Registered Agent:		
and the second of the second of the second of	gene - i am jamitan with d	an accept the onligations of the posit	ion.
***************************************	Pro		
	Signature of New Registe	red Agent, if changing	

Check if applicable

The amendment(s) is/are being filed pursuant to s, 607,0120 (11) (e), F.S.

To: ±18506176380

Page: 4 of 6

2021-10-07 19:16:37 GMT

18883447262 From: Ismael Cardoso

If amending the Officers and/or Directors, enter the lifle and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

A_Cnange	<u> </u>	John Doe	
X Remove	<u>Y</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
t) Change	V	EDDIE SILVERIO JR	14358 REFLECTION LAKES DR
X Add			FORT MYERS, FL 33908
Remove			
2) Change	····	_	
Add			
Remove 3) Change			
Add			
Remove			
1) Change			
		·	
Remove			
5) Change	·- ·· 		
Add			
Remove			
6)Change			
Add			
Remove			

To: +18506179380 Page: 5 of 6 2021-10-07 19:16:37 GMT 18883447262 From: Ismael Cardoso

Lamending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)	
	· · ·	
*** **********************************		
f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and amendment itself:	
		

The date of each amendment(s) adoption:	, if other than the
Effective date if applicable: too more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	I not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was were adopted by the incorporators, or board of directors without shareholder action and action was not required.	l shareholder
The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment(s) by the shareholders was were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	•-
by	лууд 2021
(voting group)	0CT
Dated 10/06/24 Signature	I ARY OF STA
(By a director, president of other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	17
EDI C SILVERIO	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	