P21000020799

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Linos Solutions Co	огр			
DOCUMENT NUM	BER: P21000020799				
	of Amendment and fee are su	bmitted for filing.			
Please return all corre	espondence concerning this ma	tter to the following:			
	Linnet Remedios				
	Name of Contact Person				
	Linos Solutions Corp				
		Firm/ Company			
	2523 40th ST W				
		Address			
	Lehigh Acres, FL 33971				
		City/ State and Zip Code)		
	linnremedios@gmail.com				
	E-mail address: (to be us	sed for future annual report	notification)		
For further informatic	on concerning this matter, pleas		5.11 2995		
	60	at (_) 541-3885		
Name	of Contact Person	Area Coo	le & Daytime Telephone Number		
Enclosed is a check for	or the following amount made	payable to the Florida Depa	ertment of State:		
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	☐S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 ahassee. FL 32314	Amend Division The Ce 2415 N	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810 ssee, FL 32303		



Articles of Amendment to Articles of Incorporation of

FILED

2021 HAY 14 PH 11: 15

Linos Solutions Corp	2021 NA: 14 FR H: 15
(Name of Corporation as curren	tly filed with the Florida Dept. of State).
P21000020799	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," 'Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.A	"company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word
3. Enter new principal office 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)	
 If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre 	
	<u></u>
Name of New Registered Agent	
(rioriaa s	(reet address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
lew Registered Agent's Signature, if changing Registered Agen hereby accept the appointment as registered agent. I am familian	
Signature of New	Registered Agent, if changing
	0 0 0

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title 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:

P = President: V = Vice President; T = Treasurer: S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

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.

X Change	<u>PT</u>	John Doe		
X Remove	<u>V</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) Change	VP	Osvaldo Suarez	2523 40th ST W	
X Add			Lehigh Acres. FL 33971	
Remove				
2) Change				
Add				
Remove Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

(Attach ada	ng or adding additional Ar litional sheets, if necessary).	(Be specific)	<u></u>			
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If an amen	dment provides for an exc	hange, reclassifica	tion, or cancellat	ion of issued shar	es.	
provisions	for implementing the ame applicable, indicate N/A)	endment if not co	ntained in the am	endment itself:		
19 1101	approxime, material (v.)					
						
						
		·	_			
						
	<u>-</u>	 .				-
						
						

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	4/26/2021
The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this block does not document's effective date on the Department of	not meet the applicable statutory filing requirements, this date will not be listed as the f State's records.
Adoption of Amendment(s) (CF	IECK ONE)
■ The amendment(s) was/were adopted by the action was not required.	incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	shareholders. The number of votes cast for the amendment(s) approval.
☐ The amendment(s) was/were approved by the must be separately provided for each voting	e shareholders through voting groups. The following statement group entitled to vote separately on the amendment(s):
"The number of votes cast for the ame	ndment(s) was/were sufficient for approval
by	**
	ing group)
04/26/2021	
Dated	
Signature	
(By a director, pres	ident or other officer – if directors or officers have not been orporator – if in the hands of a receiver, trustee, or other court by that fiduciary)
Linnet Ren	nedios
	Typed or printed name of person signing)
President	
	Title of person signing)