P21000020199

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2023 MAY 19 PH 12: 51 SECRETARY OF STATE TALLAHASSEF, FL

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Lines Solutions Co	огр	
	BER: P21000020799		
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	atter to the following:	
	Linnet Remedios		
		Name of Contact Perso	n
	Linos Solutions Corp		
		Firm/ Company	,
	2523 40th ST W		
		Address	
	Lehigh Acres, FL 33971		
		City/ State and Zip Cod	e
	linnremedios@gmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	223-9362
Name	of Contact Person		de & Daytime Telephone Numbe
Enclosed is a check for	or the following amount made	payable to the Florida Dep	artment 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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Ameno Divisio The C 2415 I	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

Articles of Amendment to Articles of Incorporation of

Linos Solutions Corp	
(Name of Corporation as co	urrently filed with the Florida Dept. of State)
P21000020799	
(Document Nu	umber of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statute its Articles of Incorporation:	tes, this Florida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new name of the corporat	tion:
name must be distinguishable and contain the word "corporate "Inc.," or Co.," or the designation "Corp." "Inc," or "C "chartered," "professional association," or the abbreviation	The new tion," "company," or "incorporated" or the abbreviation "Corp.," Co". A professional corporation name must contain the word a "P.A."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
 If amending the registered agent and/or registered office and registered agent and/or the new registered office a 	ice address in Florida, enter the name of the
new registered agent and/or the new registered office a	address:
Name of New Registered Agent	
(Fle	orida street address)
New Registered Office Address:	Florida T
	(City) (Zip Code) 70
	_ATA
New Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I am fai	A A A A A A A A A A A A A A A A A A A
	STATE STATE
Signature of	f New Registered Agam, if changing
Signature of	

Check if applicable

☐ 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)

Remove

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.

Example: <u>X</u> Change	<u>PT</u>	John Doe	
X Remove	<u>y</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
Add			Lehigh Acres, FL 33971
X Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add		1	
Remove			
5) Change			TALL
Add			SECRETAGE TALLAS
Remove			ASSET
6) Change			HAY 19 PH 12: 51
Add			ATE

Attach additional sheets, if necessary)	. (Be specific)	
-		
		
f an amendment provides for an ex-	change, reclassification, or cancellation of issu tendment if not contained in the amendment i	ied shares,
(if not applicable, indicate N/A)	ichangent it not contained in the amendment i	asen:
<u>-</u> -		is N
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		22 3
		三 第 章
-		SEGRETARY OF STATE TALLAHASSEE, FL
		<u> </u>
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TITO

The date of each amendment(s date this document was signed.	05/15/2023) adoption:	, if other than the
Effective date if applicable:		
uate <u>ii applicable</u> .	(no more than 90 days after amendment file	date)
Note: If the date inserted in the document's effective date on the	s block does not meet the applicable statutory filing require	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without sha	areholder action and shareholder
☐ The amendment(s) was/were by the shareholders was/were	idopted by the shareholders. The number of votes cast for the sufficient for approval.	amendment(s)
☐ The amendment(s) was/were must be separately provided	approved by the shareholders through voting groups. The following group entitled to vote separately on the amend	owing statement lment(s):
	st for the amendment(s) was/were sufficient for approval	
	(voting group)	
05/15/20 Dated	J. J.	
Sciet	director, president or other officer – if directors or officers hatted, by an incorporator – if in the hands of a receiver, trustee, inted fiduciary by that fiduciary)	or other court
	Linnet Remedios	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	

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SECRETARY OF STATE
TALLAHASSEE, FL