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.

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	Fax Number	: (850)617-6380	
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from:	Account Name	: TIMELINE BUSINESS CENTER LLC	
		: 120150000034	1920
		: (239)344-7417	
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Electronic Filing Menu

Corporate Filing Menu

· Stilker Might will TO: Amendment Section

Division of Corporations

COVER LETTER

NAME OF CORPORA	ATION: MACIEL ENTER	PRISES INC	
DOCUMENT NUMBI			
	f Amendinent and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
		Ismael Cardoso	
_		Name of Contact Person	1
		Timeline Business Center	r LLC
		Firm! Company	
		Address	
		8971 Daniels Center Dr 30	4
_		City/ State and Zip Code	
	j	Fort Myers FL 33912	
_	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, plea	se call:	
[sma	ael Cardoso	at (239	344-7417 de & Oaytime Telephone Number
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artiment of State:
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 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		Amend Divisio The C	Address Iment Section on of Corporations entre of Tailahassec N. Monroe Street, Suite 810

Tallahassee, Fl. 32303

To: Page 4 of 7

Articles of Amendment to Articles of Incorporation

of			
MACIEL ENTER	PRISES INC		
(Name of Corporation as currently fil	ed with the Florida Dept. of State)		
P1500002021	2		
(Document Number of Co	rporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this Florits Articles of Incorporation:	ido Profit Corporation adopts the fol	lowing amer	idment(s) to
A. If amending name, enter the new name of the corporation:			
name must he distinguishable and contain the word "corporation," "comp "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A pr "chartered," "professional association," or the abbreviation "P.A."			
B. Enter new principal office address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
-			·· ····
-			
C. Enter new mailing address, if applicable:		702	15
(Mailing address MAY BE A POST OFFICE BOX)	· · · · · · · · · · · · · · · · · · ·		 -
_			
_		2	
D. If amending the registered agent and/or registered office address	in Florida, enter the name of the		:17
new registered agent and/or the new registered office address:	the position, enter the name of the	<u>-</u> 0	・フ
Name of New Registered Agent		Ċ	
rame of the hearing and again		_23	
(Florida street a	uddress)		
New Registered Office Address:	. Florida		
Cit		(Zip Code)	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with	and accept the obligations of the pos	ition.	
Signature of New Regis	tered Agent, if changing		
Check if applicable			
☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e).	F.S.		

Page 5 of 7

Example:

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	PT	John Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>\$V</u> .	Sally Smith	
Type of Action (Check One)	Title	Namy	<u>Addres</u> s
1) Change	D	YANKIEL CAMPOS ORDAZ	4002 WINKLER AVE 103
Add			FORT MYERS, FL 33916
X Remove			
2) Change			
Add			
3) Remove Change			
Add			
Remove			
4) Change	<u></u>		
Add			
Remove			*****
5) Change			
Add			
Remove			***************************************
6) Change			
Add			
Remove			

If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself;	
provisions for implementing the amendment if not contained in the amendment itself:	
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(if not applicable, indicate N/A)	

The date of each amendment(s) a	doption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90) days aj	ier amendment file date)
Note: If the date inserted in this I document's effective date on the D		utory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ad action was not required.	opted by the incorporators, or board of	directors without shareholder action and shareholder
ii The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number ufficient for approval.	of votes cast for the amendment(s)
The amendment(s) was/were ap must be separately provided for	proved by the shareholders through vol reach voting group entitled to vote sep	ing groups. The following statement arately on the amendment(s):
"The number of votes cas	t for the amendment(s) was/were suffic	ent for approval
by	(voting group)	
	(voting group)	
selecti	director president or other officer – if ded, by an inconforator – if in the hands	
appoir	nted fiduciary by that fiduciary)	
	JOAO F MACIEI	-
	(Typed or printed name of	person signing)
	PD	
	(Title of person signing)	