Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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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.

Ema11	Address	:				_

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COR AMND/RESTATE/CORRECT OR O/D RESIGN MACIEL ENTERPRISES INC

Certificate of Status	0
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COVER LETTER

TO: Amendment Section Division of Corporations						
NAME OF CORPORATION: MACIEL ENTERPRISES INC						
DOCUMENT NUMBER: P15000020212						
The enclosed Articles of Amendment and fee a	are submitted for filing.					
Please return all correspondence concerning th	is matter to the following:					
ISMAEL CARDOSO						
	Name of Contact Person					
TIMELINE BUSINESS	S CENTER LLC					
**************************************	Firm/ Company					
8981 DANIELS CENT	ER DR 208					
	Address					
FORT MYERS, FL 339	912					
	City/ State and Zip Code					
	_					
ismael@timelinebusiness.com	be used for future annual report notification)					
. D man modulation for	to age to the annual report to the solid					
For further information concerning this matter	, please call:					
ISMAEL CARDOSO	at (239 344-7417					
Name of Contact Person	Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount made payable to the Florida Department of State:						
\$35 Filing Fee S43.75 Filing Fee Certificate of Sta						
Mailing Address	Street Address					
Amendment Section	Amendment Section					
Division of Corporations	Division of Corporations					
P.O. Box 6327	Clifton Building 2661 Executive Center Circle					
Tallahassee, FL 32314	Tallahassee, FL 32301					

Articles of Amendment

	Articles of Incorporation	
м	1ACIEL ENTERPRISES INC	
	tion as currently filed with the Fjorida Dept, of State)	
	P15000020212	
(Docur	ment Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florid its Articles of Incorporation:	da Statutes, this Florida Profit Corporation adopts the following a	mendment(s) to
A. If amending name, enter the new name of the co	orporation:	
		he new
	ord "corporation," "company," or "incorporated" or the abbi p," "Inc," or "Co". A professional corporation name must cot	reviation
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD		
		TAL TAL
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	ox)	T SE
		383
		AH III
		ORI ORI
D. If amending the registered agent and/or registered new registered agent and/or the new registered	ered office address in Florida, enter the name of the d office address:	, DA
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:	. Florida	
New Registered Office Addless.	(City) , Plotida (Zip Coc	ie)
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agent.	egistered Agent: I am familiar with and accept the obligations of the position.	
Sign	nature of New Registered Agent, if changing	

Ρ.

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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 Doc	
X Remove	¥	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1)Change	D	YANKIEL CAMPOS ORDAZ	4002 WINKLER AVE 103
X Add			FORT MYERS, FL 33916
Remove			7ALLAHASSEE, FLORIDA 15 MAY - 7 AM 11:29
2) Change			AM : 2
Add			: 2
Remove			9 IDA
3)Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			4 1 - A
Add			
Remove			
6)Change			
Add			
Remove			

amending or adding additional Articles, enter change(s) here: tach additional sheets, if necessary). (Be specific)	
•	
	<u></u>
	<u> </u>
	11: 29
	29
an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	
· · · · · · · · · · · · · · · · · · ·	

	05/06/2015		
The date of each amendment(s) ado	ption:	if other t	than the
date this document was signed.			
05/06/	2015		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)		
Note: If the date inserted in this blo document's effective date on the Department	ck does not meet the applicable statutory filing requirements, this date will not urtiment of State's records.	be liste	d as the
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes cast for the amendment(s) icient for approval.		
• • • • • • • • • • • • • • • • • • • •	oved by the shareholders through voting groups. The following statement arch voting group emitted to vote separately on the amendment(s):		
"The number of votes east fo	r the amendment(s) was/were sufficient for approval	5	SEC
by	n	MAY	> X
~, <u></u>	(voting group)	<u>-</u> ۲	- 플릭-
The amendment(s) was/were adopt action was not required.	ted by the board of directors without shareholder action and shareholder	-7 MHII:	
☐ The amendment(s) was/were adoptaction was not required.	ted by the incorporators without shareholder action and shareholder	l: 29	STATE
05/06/2015 Dated		_	À
Signature			
selected,	by an incorporator - if in the hands of a receiver, trustee, or other court d flduciary by that fiduciary)		
3	OAO F MACIEL		
_	(Typed or printed name of person signing)		
I	PRESIDENT		
-	(Title of person signing)		