

L06000053/43

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

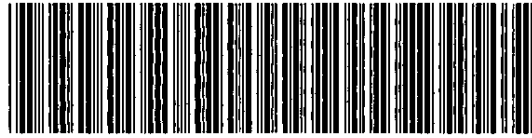
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
08 AUG 18 PM 12:17

J. BRYAN

AUG 19 2008

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: GIMAEX OF AMERICA, LLC  
(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Rey Perez  
(Name of Person)  
dealer consulting service  
(Firm/Company)  
7537 NW 7TH AVE  
(Address)  
miami, fl 33150  
(City/State and Zip Code)

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SECRETARY OF CORPORATIONS  
08 AUG 18 PM 12:14

For further information concerning this matter, please call:

rey perez at ( 305 ) 758-9001  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|--|--|--|

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 AUG 18 PM 12:17

GIMAEX OF AMERICA LLC \*

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 05/23/2006 \* and assigned  
Florida document number 106000053163 \*

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

150 South US HWY 1, Suite 302

**(Principal office address MUST BE A STREET ADDRESS)**

Jupiter, FL 33477

Enter new mailing address, if applicable:

150 South US HWY 1, Suite 302

**(Mailing address MAY BE A POST OFFICE BOX)**

Jupiter, FL 33477

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

LOUIS C. DEVALEIX \*

New Registered Office Address:

150 South US HWY 1, Suite 302

*(Enter Florida street address)*

Jupiter

*(City)*

Florida 33477

*(Zip Code)*

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

x

*(If Changing Registered Agent, Signature of New Registered Agent)*

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

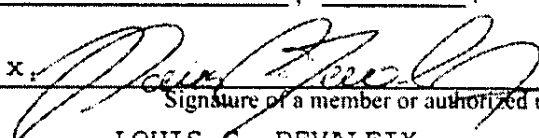
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Change the Address for MGR DEVALEIX, LOUIS from 4927 VINECLIFF WAY N  
PALM BEACH GARDENS FL 33418 TO 953 Dolphin Court Jupiter, FL 33458  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Dated August 13, 2008

x.   
 \_\_\_\_\_  
 Signature of a member or authorized representative of a member  
 LOUIS C. DEVALEIX  
 \_\_\_\_\_  
 Typed or printed name of signee

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 DIVISION OF CORPORATIONS  
 108 AUG 18 PM 12:19