

L10000078803

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

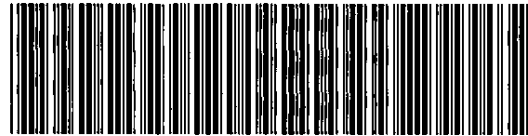
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10 AUG 23 PM 3:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

AUG 24 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TIFEXTREME 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:

NATHALIA GONCALVES
Name of Person

TIFEXTREME LLC
Firm/Company

944 SW 154 PATH
Address

MIAMI FL 33194
City/State and Zip Code

nathy_ngg@hotmail.com
E-mail address (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

NATHALIA GONCALVES at (786) 419-7576
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Status ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (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

TIFEXTREME LLC

GILEXPRESS LLC

SANE -

944 SW 154 PATH

MIAMI FL 33194

Page 1 of 2

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

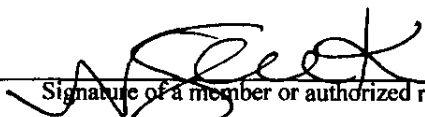
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	ARIEL CABRINI	10723 NW 85 th TERRACE UNIT 2 BOCA RATON FL 33478	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated 08/19/2010

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TALLAHASSEE FLORIDA



Signature of a member or authorized representative of a member
NATHALIA GONCALVES

Typed or printed name of signee