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J. BRYAN

AUG 24 2010

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: TIFEXTREME UC 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	·
TIFEXTRE LLC Firm/Company	15 E
944 SW 154 PATH Address	FILEU NIG 23 PM
Mismi FC 33194. City/State and Zip Code	3: 24 STATE FLORIDE
E-mail address (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Name of Person at (786) 419 - 7576 Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$30.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{S60.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}	of Status &

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

TIFEXTLEME LL	<u>C</u>
(Name of the Limited Liability Compan (A Florida Limited Li	ny as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company v	were filed on 07/27/2010 and assigned
Florida document number <u>L1.0000078803</u>	A STATE OF THE STA
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
GILEXPLESS LLC	Office to
The new name must be distinguishable and end with the words "Limite "L.L.C."	ed Liability Company," the designation "LLC" or the abbreviatio
Enter new principal offices address, if applicable:	Sane -
(Principal office address MUST BE A STREET ADDRESS)	944 SW 154 PATH
	MIAMI FL 33194,
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City 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.

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> **Type of Action** 10723 NW 85th TERRACE MGRM APIEL CABRINI Remove. 33178 ☐ Add ☐ Remove Add ☐ Remove ☐ Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated 08 19 20 10 Signature of a member or authorized representative of a member A GONCALVES
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00