## 111000040862

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SECRETARY DE STATE

J. SAULSBERRY EXAMINER

SEP 28 2011

## **COVER LETTER**

TO:	Registration S Division of Co							
SUBJI	ECT:	INVERSIONES	S EL TIMO	N USA LLC	<b>;</b>			
50.00	Name of Limited Liability Company							
The en	closed Articles of	Amendment and fee(s) are sul	omitted for filin	g.				
Please	return all correspondent	ondence concerning this matter	to the following	ıg:				
		VALERIO		O DI BERNAF	RDO			
	Name of Person							
	INVERSIONES EL TIMON USA LLC Firm/Company							
			T IIII COI	npung				
	1000 BRICKELL AVE., SUITE 420							
	Address				<u>_</u> -1		1	
MIAMI, FL 33131				ALLA	ZIII SEP			
	City/State and Zip Code				\$ f			
		inversi E-mail address: (	oneseltimor	@hotmail.cor	n tification)	- ASSE	27	
For fur	ther information o	concerning this matter, please		·	ŕ	C FLO	## 8:	
\	/ALERIO DI F	PERSIO DI BERNARDO	O <sub>at (</sub> 3	N5 .	364-5959		0	
		of Person	at (	Area Code & Dayt		ımber		
Enclos	ed is a check for t	he following amount:						
\$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certifie	iling Fee & d Copy mal copy is enclos	Ceri ed) Cer	0 Filing Fee, tificate of Sta tified Copy ditional copy		sed)
	Regist Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314		STREET/COUR Registration Sec Division of Corp Clifton Building 2661 Executive Tallahassee, FL	tion porations Center Circle	SS:		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	S EL TIMON USA		<del></del>
( <u>Name of the Limited Liability</u> (A Florida L	imited Liability Company)	s on our records.	
The Articles of Organization for this Limited Liability Co	ompany were filed on	04-05-2011	and assigned
Florida document number L11000040862	_•		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ted liability company her	<u>e</u> :	
The new name must be distinguishable and end with the word "L.L.C."	ds "Limited Liability Compa	ny," the designation "	LLC" or the abbreviation
Enter new principal offices address, if applicable:	- · · · · · · · · · · · · · · · · · · ·		z <b>- ~</b> -
(Principal office address MUST BE A STREET ADDR	ESS)		
Enter new mailing address, if applicable:			FILE AND
(Mailing address MAY BE A POST OFFICE BOX)			8 0
B. If amending the registered agent and/or registored agent and/or the new registered office addr		ur records, enter	the name of the nev
	······		
Name of New Registered Agent:			
New Registered Office Address:	End	er Florida street ad	duana
	Ent		uress
	City	, Florida <u>_</u>	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 **Title** Name 1 <u>Address</u> Type of Action MGR Adriana D'Agostino de Di P 17121 COLLINS AVENUE, UNIT 1505 ☐ Add SUNNY ISLES BEACH FL 33160 ✓ Remove Remove ☐ Add Remove Remove □Add Remove ☐Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) SEPTEMBER 2/3 Dated\_ ignature of a member or authorized representative of a member MANAGER Typed or printed name of signee

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Filing Fee: \$25.00