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SECRETARY OF STATE

J. BRYAN

OCI 14 2011

EXAMINER

COVER LETTER

TO:

Registration Section

Division of Go	rporations			
CUDIECT.	TIMI	EXUSA LLC		
SUBJECT:		ited Liability Company		
The enclosed Articles o	f Amendment and fee(s) are sul	bmitted for filing.	,	
Please return all corresp	ondence concerning this matter	r to the following:		
•	J	C	MOCT 13 PAIRS. 15	
	LE	ONARDO TORRELLAS	E S	
		Name of Person	一一。影主〇	
			F. R. R.	
	Firm/Company			
	10	029 E 32 ND STREET	, * ***********************************	
×	· · · · · · · · · · · · · · · · · · ·	Address	 ,	
		HIALEAH		
	- , , , , , , , , , , , , , , , , , , ,	City/State and Zip Code		
	TIME	EXLLC@HOTMAIL.COM to be used for future annual report notification	<u> </u>	
For further information	concerning this matter, please of	-	,	
LEONA	RDO TORRELLAS	at (305) 691	7297	
Name	of Person	Area Code & Daytime Tele	phone Number	
Enclosed is a check for	the following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 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		STREET/COURIER A Registration Section	DDRESS:	
Division of Corporations P.O. Box 6327		Division of Corporations Clifton Building	3	
Tallahassee, FL 32314		2661 Executive Center C	Circle	

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TOTION OF SOURCE

TIMEXUSA 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	09/30/2011	and assigned
Florida document number L110001	12138		
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited liability company he	re:	
The new name must be distinguishable and end w "L.L.C."	vith the words "Limited Liability Comp	eany," the designation "L	LC" or the abbreviation
Enter new principal offices address, if appl	icable:		
(Principal office address MUST BE A STRE	EET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B. If amending the registered agent and	d/or registered office address on	our records, enter t	
registered agent and/or the new registered of	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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member **Address Type of Action** <u>Title</u> <u>Name</u> **MGRM** LEONARDO TORRELLAS 1029 E 32ND STREET HIALEAH FLOF [7] Add Remove Remove ☐ Remove Add Remove \square Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or a till ked representative of a member LEONÁRDO TÒRRELLAS

Page 2 of 2

-Typed or printed name of signee

Filing Fee: \$25.00