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EXAMINER

COVER LETTER

TO:	Registration Se Division of Cor			
SUBJI	ECT:	Tim	nexusa Llc	
50.50		Name of Limit	ted Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
			Leonardo Torrellas Name of Person	
			Name of Person	
			Timexusa Firm/Company	
			типи Сопрану	
			1029 E 32 nd Street	
			Addiess	
			Hialeah Florida City/State and Zip Code	
		dima	aggiotires@hotmail.co	m
		E-mail address: (t	to be used for future annual repo	rt notification)
For fu	rther information c	oncerning this matter, please c	call:	5
	Leon	ardo Torrellas	at (_305_)	6917297
	Name o	f Person	Area Code &	Daytime Telephone Number
Enclos	sed is a check for the	ne following amount:		\$ 5 S
\$2 :	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is en	\$60.00 Filing Fee Certificate of Status &
	Registr Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	Registration Division of Clifton Buil	Corporations

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

	OF	•	
FIMEX	USA	Uc	
(Name of the Limited Liability Com (A Florida Limite			<u>ds.</u>)
(A FIORDA LIMITE	ed Liability Cor	npany)	
The Articles of Organization for this Limited Liability Compa	any were filed	on 9/30/11	and assigned
Florida document number <u>LII 2011 2138</u> .		, ,	•
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	iahility comp	any here:	
,		<u> </u>	
The new name must be distinguishable and end with the words "L"L.L.C."	imited Liability	y Company," the designa	ation "LLC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)	<u></u>		
	 		型件 16
			5 E T
Enter new mailing address, if applicable:			7 7
(Mailing address MAY BE A POST OFFICE BOX)			<u>*</u> = m
			5
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		ss on our records, <u>e</u>	nter the mame of the new
The new registered office address in	<u></u>		•
Name of New Registered Agent:			
New Registered Office Address:			
		Enter Florida stre	et address
		, Flori	da
	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 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>	Address	Type of Action
MGMR	Dimaggio, Giovanni Sr	1029 E 32nd Street Hialeah FI 33013	Add Remove
<u>MGMR</u>	Meza, Luis Sr	1029 E 32nd Street Hialeah Fl 33013	☐ Add ✓ Remove
·			Add Remove
			Add Remove
			Add Remove
			Add Re to ve
D. If amend	ling any other information, enter cha	nge(s) here: (Attach additional sheets, if necessary.)
		1 1	_ _
Dated	Signature of a mem	ber or authorized representative of a member	
		Leonardo Torrellas	
	Тур	ed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00