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(Requestor's Name)		
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(Cit	ty/State/Zip/Phone	e #)
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08/11/16--01013--017 **25.00



J. HARRIS

COVER LETTER

Division of Co			
Timex US. SUBJECT:	A Lle		
SOURCE:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Leonardo Torrellas		
		Name of Person	
	Timex USA Lle		
		Firm/Company	
	11001 NW 123rd Street M	1edley Fl 33178	
		Address	
	Medley Florida 33178		
		City/State and Zip Code	
	ltorrellas@dimaggiotires.co		
For further information c	econcerning this matter, please c	to be used for future annual report notifiall:	cation)
Leonardo Torrellas		954 7403105	
Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for the	ne 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Timex USA Llc		
(<u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our records.) nited Liability Company)	 -
The Articles of Organization for this Limited Liability Comp. Florida document number L11000112138	pany were filed on 09/30/11	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the abb	previation "L.L.C."
Enter new principal offices address, if applicable:	—————————————————————————————————————	ु क
(Principal office address MUST BE A STREET ADDRES.	<u>(S)</u>	
	0.	
	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	
Enter new mailing address, if applicable:	71 ————————————————————————————————————	
(Mailing address MAY BE A POST OFFICE BOX)		<u>Α</u> ω
		*
B. If amending the registered agent and/or registere registered agent and/or the new registered office address Name of New Registered Agent: New Registered Office Address:		the name of the nev
	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Ag	ent:	
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compacept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	plete performance of my duties, and I am fa t as provided for in Chapter 605, F.S. Or, i	miliar with and f this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
. AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Daniel Meza	Urb El Pedregal Ave Terepaima Ed	= Add
			□ Remove
			Change
			Add
			Remove
			Change
· · · · · · · · ·			Add
			□ Remove
			□ Change
			Add
			Remove
			Change
			Add
		COS TiChange.	
			Change Change Change
			☐ Remove
			Change

It amendi	ing any other information,	enter change(s) here: (Attach additional sheet:	s, 11 necessary.)
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Note: If i document he record	the date inserted in this block done is effective date on the Department	ective date, but not an effective time, at	nents, this date will not be listed as the
Datad Mi	iami	· 08/09/2016	
Dated			16 / SEC ALL
	Signa	ture of a member of authorized representative of a memb	er HE US
	Leonardo Torrellas	Typed or printed name of signee	
		Types of printed name of signer	

Filing Fee: \$25.00