

L13000131149

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

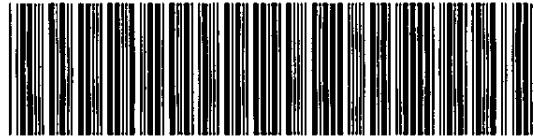
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status

Special Instructions to Filing Officer:

Office Use Only



400258405434

04/02/14--01004--013 \*\*30.00

FILED  
14 APR - 2 AM 10:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APR - 4 2014

T. BROWN

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: T.I. INTERNATIONAL LLC**

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:

**PATRICK MOYAL**

Name of Person

**MOYAL ACCOUNTING SERVICES INC**

Firm/Company

**10796 PINES BLVD SUITE 204**

Address

**PEMBROKE PINES FLORIDA 33026**

City/State and Zip Code

**MOYALACCOUNTING@GMAIL.COM**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**PATRICK MOYAL**

Name of Person

at **954 430-3930**

Area Code

Daytime Telephone Number

Enclosed is a check for the 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**

**FILED**  
14 APR -2 AM 10:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T.I. INTERNATIONAL 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 09/16/2013 and assigned Florida document number L13000131149.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

INTERNATIONAL MODEL ACADEMY LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

100 LINCOLN ROAD SUITE 645

**(Principal office address MUST BE A STREET ADDRESS)**

MIAMI BEACH FLORIDA 33139

**Enter new mailing address, if applicable:**

100 LINCOLN ROAD SUITE 645

**(Mailing address MAY BE A POST OFFICE BOX)**

MIAMI BEACH FLORIDA 33139

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

**Name of New Registered Agent:**

PATRICK MOYAL

**New Registered Office Address:**

10796 PINES BLVD SUITE 204

Enter Florida street address

PEMBROKE PINES

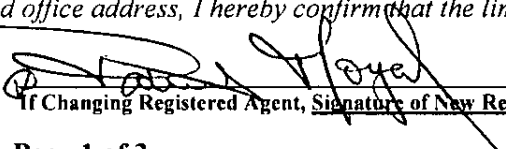
City

Florida 33026

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 605, 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 Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager  
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	MBOYE MIREILLE	100 Lincoln RD Suite 645 Miami Beach FL 33139	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

---

---

---

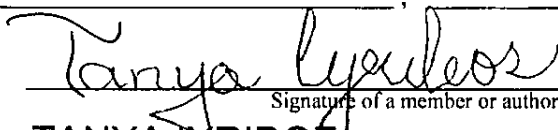
---

---

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated MARCH 28, 2014



Signature of a member or authorized representative of a member

TANYA TYRIBOZ

Typed or printed name of signee