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COVER LETTER

Division of Corporations
SUBJECT: TMPOEX USA 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:
MARIA AZEREDO Name of Person
Name of Person
TAXES & ACCOUNTING SOLUTIONS CORP Firm/Company
8249 NW 36th St StE 120-A
DORAL FL 33166 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
MARIA AZEREDO at (305) 418 - 1585 Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$\$ Certified Copy (additional copy is enclosed) \$\Bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)}\$\$ Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section

TO:

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

IMPOEX USAL	LC
(<u>Name of the Limited Lial</u> (A Flo	bility Company as it now appears on our records.) rida Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number <u>L14000</u> 03285	y Company were filed on OZ/Z6/14 and assigned 3.
This amendment is submitted to amend the following	:
A. If amending name, <u>enter the new name of the l</u>	imited liability company here:
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:	NIA
Principal office address MUST BE A STREET AD	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA
B. If amending the registered agent and/or re registered agent and/or the new registered office a	gistered office address on our records, <u>enter the name of the new</u> ddress here:
Name of New Registered Agent:	NIA
New Registered Office Address:	
	Enter Florida street address
	, Florida City Zip Code
	Cuy 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, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

<u>Title</u>	Name	Address	Type of Action
			Add
			□ Remove
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			□ Remove
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	,		□ Remove

he effective date must be	specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after filed by the Florida Department of State)
Dated 5/15	2014
	Han Azola.
	Signature of a member or authorized representative of a member Roshon Alla
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00