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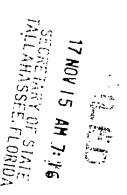
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Certified Copies	Certificates	s of Status
Special Instructions to I	Filing Officer:	
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COVER LETTER

то:	'Registration Sec Division of Corp		 	•
	· TAMIX LL	С	. **	
SUBJI	ECT:	Name of Lim	ited Liability Company	<u></u>
		Name of Em	med Elability Company	
The en	closed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspoi	ndence concerning this matter	to the following:	
	·	ALAIN RODRIGUEZ		
			Name of Person	
		ARCA ACCOUNTING		
			Firm/Company	
		14171 SW 156TH AVE		
			Address	
		MIAMI FL 33196-6069		
			City/State and Zip Code	·····
		ARCAACCOUNTING@H	OTMAIL.COM	
		E-mail address: (to be used for future annual report notifi	ication)
For fur	ther information co	oncerning this matter, please ca	all:	
ALAIN	N RODRIGUEZ		305 744-3886 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclose	ed is a check for the	e following amount:		
□ \$2±	5.00 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 ARTICLES OF ORGANIZATION **OF**

TAMIX LLC	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on MARCH 30, 2015 and assigned
Florida document number L15000055397	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
	HE 60
	NRY SSE
Enter new mailing address, if applicable:	Mo A
Mailing address MAY BE A POST OFFICE BOX)	[C 2 10mg
	A THE
3. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zip Code

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 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>	Address	Type of Action
MGR	LUKIN, EZEQUIEL	9536 NW 8TH CIRCLE	
•		PLANTATION FL 33324	■ Remove
•			☐ Change
MGR	ANA MARIA KIRSCHBAUM	13727 SW 152ND ST STE 214	■ Add
		MIAMI FL 33177	☐ Remove
			□ Change
_			□ Add
			Remove
			□ Change
	·		Add
			Remove
			☐ Change
			Add
			Remove
			Change
			Add
			□ Remove
			□ Change

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Page 3 of 3

Filing Fee: \$25.00