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COVER LETTER

TO:

Registration Section

MAILING ADDRESS

Division of Corporations	
SUBJECT: Timoy and Pymbba L.L.C 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:	
Max E. Solis-A-Ponte Name of Person: Iman and Punbba L.C.C. Firm/Company. 3404 58th St. W. Address Lehigh Acres, FL. U.S. 33971 City/State and Zip Code	
City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Max E. Solis - APante at (239) 896 - 4878 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee & Certificate of Status \$\Bigcup \\$55.00 Filing Fee & Certificate of Status \$\Bigcup \\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	

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

TIMON and Yumbba L. L. L.

(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 _ Florida document number <u>L1900 198 226</u> This amendment is submitted to amend the following: A. If amending name, enter the new/name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability, Company," the designation "LLC" or the abbreviation Enter new principal offices address, if applicable: (Principal office address MUST BE À STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being add or removed from our records:

MGR = Manager

AMBR = Authorized Member

Title	Name	Address	Type of Action
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10	Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be prior To the date inserted in this block does not meet the applic	to date of filing or more than 90 days after filing) Pursuant to 605.0207 (3)(t
(If an effective date is listed, the date must be specific and cannot be prior Note: If the date inserted in this block does not meet the application of the date inserted in the Department of State's records	able statutory filing requirements, this date	Willingt of tieren as the
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Filing Fee: \$25.00