110000056312

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(Business Entity Name)				
(Document Number)				
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EXAMINER				

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SECRETARY OF STATE MALLAHASSTE, FLORIDA

COVER LETTER

	ation Section n of Corporations		· •
SUBJECT:	Tenr	Remodeling LLC	
		Limited Liability Company	
The enclosed Ar	ticles of Amendment and fee(s) ar	e submitted for filing.	
Please return all	correspondence concerning this m	atter to the following:	
		Elias El Tenn	
		Name of Person	
		Tenn Remodeling, LLC	
		Firm/Company	
		6850 NW 2nd Ave #34	
		Address	
		Boca Raton, FL 33487	
		City/State and Zip Code	
	E-mail addn	ine@koreconstructionllc.com ess: (to be used for future annual report notific	ation)
For further infor	mation concerning this matter, ple	•	auonj
	Elias EL TENN	at (561)	1474448
	Name of Person	Area Code & Daytime	
Enclosed is a ch	eck for the following amount:		,
[]\$25.00 Filing	Fee \$30.00 Filing Fee & Certificate of Stat	S55.00 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

Tenn Re	emodeling LLC			
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears nited Liability Company)	on our records.		
The Articles of Organization for this Limited Liability Com	npany were filed on	5/25/2010	and ass	igned
Florida document numberL1000056312				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	d liability company here:			
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Company	y," the designation "	LLC" or the a	abbreviation
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRES	<u></u>			
			 	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
	·	 		······································
B. If amending the registered agent and/or register registered agent and/or the new registered office address		r records, enter	the name o	of the new
			TAK 38	(-1 ,
Name of New Registered Agent:				
New Registered Office Address:		TI :I	7.7	CHISTON APPLICATION
	Ente	r Florida street aa	mess —	i Vin
	City	, Florida	Zip T od	e
New Registered Agent's Signature, if changing Registered A	•	į		•

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 608, 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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
Mr.	Dimas Ovalle	6850 NW 2nd Ave #34 Boca Raton, FL 33487	✓ Add ☐ Remove
			Domaya
			Domesto
<u> </u>			☐ Add
			Add Remove
			
D. If amer	nding any other information, o	enter change(s) here: (Attach additional sheets, if no	ecessary.)
	,		
-			
Dated	May, 28		
	Signature ELI	of a member or authorized representative of a member AS EL TENN Typed or printed name of signee	

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Filing Fee: \$25.00