## 2/1000/43609

	(Requestor's Name)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
PICK-U	P WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of	Status

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**EXAMINER** 

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SECRETARY OF STATE
TALLAHASSEE, FLORIGA

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## **COVER LETTER**

10.	Division of Corporations	
SUBJE	Tesoneros LLC	
SCHOL	Name of Limited Liability Company	
		- P
The end	closed Articles of Amendment and fee(s) are submitted for filing.	7212 M
Please r	return all correspondence concerning this matter to the following:	26 2
	Claudia Vinely Name of Person	5 PH 4: 38
	Tesonoros LC Firm/Company	The state of the s
	616 NW 26 Ave	
	City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	$\sim$
For furt	ther information concerning this matter, please call:	
	Claudia Vinoly at (786) 385-2815  Name of Person Area Code & Daytime Telephone Number	
1-		ate of Status &
	·	d Copy nal copy is enclosed)
	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  MAILING ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Teson	eros LC.	
( <u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears or Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability (	Company were filed on 12	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and end with the wo'L.L.C."	ords "Limited Liability Company,"	' the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		2812 SEC
(Principal office address MUST BE A STREET ADD	RESS)	हिं हैं ग
		82 on p
		TO R M
Enter new mailing address, if applicable:		Si t C
(Mailing address MAY BE A POST OFFICE BOX)	· · · · · · · · · · · · · · · · · · ·	ラデー <b>い</b> <b>8</b>
B. If amending the registered agent and/or registered agent and/or the new registered office add		records, enter the name of the new
Name of New Registered Agent:	······································	
New Registered Office Address:		
·	Enter	Florida street address
		, Florida
,	` City	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 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>	Name	Address	Type of Action
MGR	Claudia M. Vinoly	616 NW 26 Ave #510	Add
		Miami, FL 33125	Remove
			Add
		Do Fe	Remove
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			Add
			Remove

If amend	ding any other information, enter change(s) here: (Attach additional sheets, if	rnecessar	y.)		
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ed	11/2 200				
	Signature of a member or authorized representative of a member			<del></del>	
	Typed or printed name of signee			_	
	Page 3 of 3				
	Filing Fee: \$25.00		SEC NE	2812 KBY	
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