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COVER LETTER

Division of	Corporations		
SUBJECT:	TE	NDA LLC	
	Name of Limi	ited Liability Company	
The enclosed Article	s of Amendment and fee(s) are sub	omitted for filing.	
Please return all corr	espondence concerning this matter	to the following:	
		Marcos Traficante	
		Name of Person	
		TENDA LLC	
		Firm/Company	***
		Address	
		Miami, FL, 33131	
		City/State and Zip Code	
		ostraficante@hotmail.com to be used for future annual report notific	cation)
For further informati	on concerning this matter, please of	call:	
	Marcos Traficante	at (<u>561)</u> Area Code & Daytime	327 5666
(49)	ne or reison	Area Code & Day unic	relejmone (vanoci
Enclosed is a check f	or the following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	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

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	IDA LLC	TALLAHAS	Y OF STATE SEE, FLORIDA
(<u>Name of the Limited Liability Con</u> (A Florida Limit	npany as it now appea ed Liability Company)	rs on our records.)	recall LURIDA,
The Articles of Organization for this Limited Liability Comp	any were filed on	12/30/2011	and assigned
Florida document number L1200001346			
Piorida document number			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company he	<u>re</u> :	
The new name must be distinguishable and end with the words "I "L.L.C."	Limited Liability Comp	any," the designation "Ll	.C" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS	<u> </u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered		our records, <u>enter th</u>	e name of the ne
registered agent and/or the new registered office address	<u>nere</u> :		
Name of New Registered Agent:			
New Registered Office Address:			
New Registered Office Address:	Enter Florida street address		
		. Florida	
	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Age	env:		
The market was set the same sixten and see a sixten of		and the fourth of	
I hereby accept the appointment as registered agent and a the provisions of all statutes relative to the proper and ca			

If Changing Registered Agent, Signature of New Registered Agent

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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	O'DORO CLAUDIO	55 SE 6TH STREET APT. 1607 MIAMI FL 33131-2562	Add ✓ Remove
<u>MGRM</u>	TOBONE, CLAUDIA S	55 SE 6TH STREET APT. 1607 MIAMI FL 33131-2562	Add Remove
MGRM	TRAFRANTE, MARCOS	55 SE 6TH STREET APT, 1607 MIAMI FL 33131-2562	Add ✓ Remove
<u>MGRM</u>	MONTESACRO S.A.	55.SE.6TH.STREET APT. 1607 MIAMLEL 33131-2562	Add ☐ Remove
MGRM	TOSONE, CLAUDIA S	55 SE 6TH STREET APT. 1607 MIAMI FL 33131-2562	✓ Add ☐ Remove
MGRM	TRAFICANTE, MARCOS	55 SE 6TH STREET APT. 1607 MIAM! FL 33131-2562	Add Remove
D. If ameno	ding any other information, enter chan	ge(s) here: (Attach additional sheets, if necessary	
Dated J	anuary 20 2	D12 .	FILED 12 FEB 23 PH 12: 144 SECRETARY OF STATE TALLAHASSEE, FLORIDA
	,	er or authorized representative of a member	
		tor cos Traticate d or printed name of signee	

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Filing Fee: \$25.00