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COVER LETTER

TO:	Registration Section
	Division of Corporations

TENNRUA GROUP LLC

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:

Juan H. Diez

Name of Person

Tennrua Group LLC

Firm/Company

7950 NW 53rd Street suite 337

Address

Miami Forida 33166

City/State and Zip Code

tennruagroup@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Juan H. Diez

,,,305,**433679**6

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 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 TO ARTICLES OF ORGANIZATION OF

Tennrua group LLC		
(<u>Name of the Limited Lia</u> (A Flo	ibility Company as it now appears on our reco orida Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liabi Florida document number 13000012956		and assigned
This amendment is submitted to amend the followi	ng:	
A. If amending name, enter the new name of th	e limited liability company here:	
The new name must be distinguishable and end with the "L.L.C."	e words "Limited Liability Company," the desig	nation Et G or the abbreviation
Enter new principal offices address, if applicable	e:	一意 。厂
(Principal office address MUST BE A STREET A	DDRESS)	in m
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO.	Y)	
The state of the s		
B. If amending the registered agent and/or registered agent and/or the new registered office		enter the name of the new
Name of New Registered Agent:	, , , , , , , , , , , , , , , , , , ,	
New Registered Office Address:		
	Enter Florida st	reet address
	, Flo	rida
	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> <u>Name</u> **Address Type of Action** John F Rua 2151center Ave. apt 3 **MGRM** Fort Lee, N.J. 07024 Remove Remove

D. If amending any other information	on, enter change(s) here: (Attach additional sheets, if necessary.)
Please update the addres	ss of MGRM Juan H. Diez to the principal address which is
7950 NW 53rd St	. suite 337 Miami Florida 33166
Dated February 6	
<u> </u>	ture of a member or authorized representative of a member
Juan H. Diez	Tuned or printed norms of biggins
	Typed or printed name of Signee
	Page 3 of 3

Filing Fee: \$25.00

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