L13000127392

(Re	equestor's Name)
(Ad	ldress)
(Ad	ldress)
(Cit	ry/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	siness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
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SECRETARY OF STATE

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COVER LETTER

TO: Registration Section of Corporation of Corporation of Corporation of Corporation (Corporation Corporation Corp			
SUBJECT: Te	nuto Enter Name of Limit	prises LLC ed Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	_ Dino To	enuto Name of Person	
		Enterprises LLC Firm/Company	
		insbird Lane Address	
	Casselberr	4 FZ 32707 City/State and Zip Code	
	Madybug @ E-mail address: (to	AOI. COM o be used for future annual report notificati	on)
For further information con	ncerning this matter, please ca		
Dino Tenute Name of I	Person	at (321) 228 - 823 Area Code & Daytime Te	9 lephone 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

Tenuto Entery	Company as it now appears on cimited Liability Company)	uur racards)
(A Florida L	imited Liability Company)	our (ecorus.)
The Articles of Organization for this Limited Liability Co Florida document number <u>L13000127392</u>	ompany were filed on <u>Sept</u> 	10,2013 and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limi</u>	ted liability company here:	
The new name must be distinguishable and end with the word "L.L.C."	ds "Limited Liability Company," t	he designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	ESS)	<u> </u>
Enter new mailing address, if applicable:		ETL OCT 21 CAHASSEE
(Mailing address MAY BE A POST OFFICE BOX)		PN 2
		OI DA
B. If amending the registered agent and/or registered agent and/or the new registered office addr		ecords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		and the same of th
	Enter Fl	orida street address
	- Ch	, 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 **Type of Action** Title **Address** <u>Name</u> 210 Mockingbird Lane Add

Casselberry & 32707 Remo Dino Tenuto M6RM Add Remove Remove

Remove

am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
-	
-	
i	10-16, 20/3.
	Dins Jamts
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

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Filing Fee: \$25.00

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