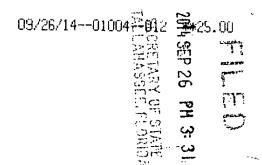
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COVER LETTER ,

TO: Registration Se Division of Cor				
SUBJECT:	TE KORE	GROUP LLC		
	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	BERNI	Name of Person		
		Name of Person		
	TE V	Sont 60009 LLC Firm/Company		
	1035	WEST AVE		
		Address		
	MIAMI	BEACH FL	33139 50 2	
		City/State and Zip Code		
	TEKON	EGROUP @ gmail.c.	· · · · · · · · · · · · · · · · · · ·	Mary Ann
For further information co	oncerning this matter, please c	ali:	33139 STORE TARY OF STATE Me Telephone Number 2014 SSP 26 PH 3: 3 The Telephone Number of the Tel	
				() () () () () () () () () ()
BERNII	<u> </u>	at (306) 78J Area Code Daytin	-8778 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	74 94.5*
Name o	rerson	Area Code Dayu	me Telephone Number 154	
Enclosed is a check for th	e 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

TEK	DRE GRO	uPLLC.		
(Name of the Limited (A	Liability Company as it now Florida Limited Liability Com	appears on our records.) pany)		
The Articles of Organization for this Limited Liab	ility Company were filed	on SEPTEMBEK	5, 2014 and ass	signed
This amendment is submitted to amend the following	ing:			
A. If amending name, enter the new name of th	e limited liability comp	any here:		
The new name must be distinguishable and end with the wor	rds "Limited Liability Compan	y," the designation "LLC" or t	he abbreviation "	L.L.C."
Enter new principal offices address, if applicable	le:		201 FAL	
(Principal office address MUST BE A STREET A	ADDRESS)		1 Sept 1	23.61.4 23.61.4
Enter new mailing address, if applicable:			ASSEL FI	genantis genantis genantis genantis
Enter new maining address, it applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>		<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered offic		ess on our records, ent	er the name	of the new
Name of New Registered Agent:				
New Registered Office Address:	En	ter Florida street address		
	5.	. Florida		
•	City	, r w kia	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 605, 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 Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:</u>

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	<u>Address</u>	Type of Action
MGR	BERNARDO SANDOVAL	1035 WEST AVE, MIAMI BEACH FL 33139	b Add
			Remove
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			D Add
			Remove
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MY	LLC.						
	····						
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date this docu	ment is filed by the	Florida Dep	e of a member or	<u>4</u> .	ntative of a m	/	otional) ys after

Page 3 of 3

Filing Fee: \$25.00