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SECRETARY OF STATE DIVISION OF COMPORATIONS

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COVER LETTER

TO: Reg Div	gistration Serision of Co	ection rporations		
SUBJECT:	TENSA A	MERICA LLC		
			mited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sul	bmitted for filing.	
		ondence concerning this matter		
		MASSIMO PERESSINI		
			Name of Person	
		TENSA AMERICA LLC		
			Firm/Company	
		1111 KANE CONCOURS	SE STE 200	
			Address	
		BAY HARBOR ISLAND	S. FL 33154	
		mperessini@rdeusa.net	City/State and Zip Code	
		E-mail address: (to be used for future annual report notif	ication)
For further in	formation co	oncerning this matter, please ca	all:	
Massimo Peressini Name of Person			305 866 9917	
			at () Area Code Daytime	Telephone Number
Enclosed is a c	theck for the	e following amount:		
■ \$25,00 Fil	ing 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

TENSA AMERICA LLC (Name of the Limited Liability Company as it now appears on our records,)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{01/13/2015}{}$ _ and assigned Florida document number _L15000007188 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	RICCARDO VIMERCATI	1111 KANE CONCOURSE	
		STE 200 - BAY HARBOR	
		ISLANDS - FL 33154	
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		ISLANDS - FL 33154	_
			
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	S	ignature of a	i mornher or	authorized	presentative	of a member		<u> </u>	_

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Filing Fee: \$25.00