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TO: Reg Div	gistration Sec vision of Corj	ction porations		To the second se
	TAMO PRE			
SOBJECT;		Name of Lim	ited Liability Company	
TAMO PRENDIO, LLC  SUBJECT:  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:  GABRIEL TORRES  Name of Person  TAMO PRENDIO, LLC  Firm/Company  7835 SW 119 RD  Address  MIAMI, FL 33183  City/State and Zip Code kidgmusic@gmail.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  GABRIEL TORRES  Name of Person  Tamo Prendiction  Tamo Pre				
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspon	ndence concerning this matter	to the following:	
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	Registration Section. Division of Corporations  TAMO PRENDIO, LLC  IECT:  Name of Limited Liability Company  Name of Limited Liability Company  TAMO PRENDIO, LLC  GABRIEL TORRES  Name of Person  TAMO PRENDIO, LLC  Firm/Company  7835 SW 119 RD  Address  MIAMI, FL 33183  City/State and Zip Code kidgmusic@gmail.com  E-mail address: (to be used for future annual report notification)  Area Code  RIEL TORRES  Name of Person  Tamo Prendiction  Tamo Prendiction  Tamo Prendiction  Tamo Prendiction  Address  MIAMI, FL 33183  City/State and Zip Code kidgmusic@gmail.com  Tamo Prendiction  Tamo			
		7835 SW 119 RD		
	•		Address	Liability Company  Lied for filing.  The following:  Name of Person  Firm/Company  Address  City/State and Zip Code  Le used for future annual report notification)  The following:  Address  City/State and Zip Code  Le used for future annual report notification)  The following:  State and Zip Code  Le used for future annual report notification)  The following:  State and Zip Code  Le used for future annual report notification)  The following:  State and Zip Code  Le used for future annual report notification)  The following:  State and Zip Code  Le used for future annual report notification)  The following:  State and Zip Code  Le used for future annual report notification)  The following:  State and Zip Code  Le used for future annual report notification)  The following:  State and Zip Code  Le used for future annual report notification)  The following:  State and Zip Code  Le used for future annual report notification)  The following:  State and Zip Code  Le used for future annual report notification)  The following:  State and Zip Code  Le used for future annual report notification)  The following:  State and Zip Code  Le used for future annual report notification)  The following:  State and Zip Code  Le used for future annual report notification)
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	· · ·	City/State and Zip Code		
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For further in	nformation co	oncerning this matter, please ca	all:	
GABRIEL T	TORRES		the state of the s	
	Name of	Person		Telephone Number
Enclosed is a	a check for th	e following amount:		
□ \$25.00 F	filing Fee		Certified Copy	Certificate of Status & Certified Copy

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



August 24, 2015

GABRIEL TORRES 7835 SW 119 RD MIAMI, FL 33183

SUBJECT: TAMO PRENDIO, LLC Ref. Number: L15000116056

We have received your document for TAMO PRENDIO, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Chapter 605, Florida Statutes, does not allow limited liability companies to issue shares or stock. Consequently, limited liability company documents cannot contain any references/terms which may implicate otherwise. Please delete any references to terms such as "shares," "stock," "stockholders," "shareholders" or the like from your document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan Regulatory Specialist II

Letter Number: 315A00017820

#### **COVER LETTER**

TO:				
CIID II	TAMO			
TAMO PRENDIO, 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:  MR. GABRIEL TORRES  Name of Person  TAMO PRENDIO, LLC  Firm/Company  7835 SW 119 RD  Address  MIAMI, FL 33183  City/State and Zip Code  kidgmusic@gmail.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  MR. GABRIEL TORRES  Name of Person  Tamo Preson  Address  MIAMI, FL 33183  City/State and Zip Code  kidgmusic@gmail.com  Daytime Telephone Number  Senclosed is a check for the following amount:  Securificate of Status  Certified Copy  (additional copy is enclosed)				
The en	closed Articles	s of Amendment and fee(s) are sub	omitted for filing.	
Please	return all corre	espondence concerning this matter	to the following:	
		MR. GABRIEL TORRES		Telephone Number  □ \$60.00 Filing Fee, Certificate of Status & Certified Copy
			Name of Person	
		TAMO PRENDIO, LLC		
			Firm/Company	
		7835 SW 119 RD		
			Address	
		MIAMI, FL 33183		
			City/State and Zip Code	
		E-mail address: (	to be used for future annual report not:	fication)
For fur	ther information	on concerning this matter, please c	all:	
MR. C	ABRIEL TOR	RES	786 327-0303	
	Nar	me of Person	Area Code Daytim	e Telephone Number
Enclos	ed is a check fo	or the following amount:		
□ \$2	5.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy

MAILING ADDRESS:

TO:

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**

FILED

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2815 OCT 19 PH 4: 18

TAMO PRENDIO, LLC		:	EURHARY OF STATE
(Name of the Limite	d Liability Compa A Florida Limited	any as it now appears on our records. Liability Company)	<del>jul AHASSOL, F</del> LORIDA
The Articles of Organization for this Limited Liz			
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liab	ility company here:	
N/A			
The new name must be distinguishable and contain the wo	ords "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	2500 NW 79 AVE STE 135	
(Principal office address MUST BE A STREET ADDRESS)		DORAL, FL 33122	
Enter new mailing address, if applicable:		2500 NW 79 AVE STE 135	
Mailing address MAY BE A POST OFFICE B	<u>(20X)</u>	DORAL, FL 33122	
B. If amending the registered agent and/oregistered agent and/or the new registered off	-	-	enter the name of the ne
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		
		Enter Florida street address	
		, Flor	rida
		Citv	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 Authorized Person(s) authorized to manage	, enter the title,	<u>, name, and</u>	address of each	person b	<u>eing added</u>
or removed from our records:					

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	Name	Address	Type of Action
AMBR	NATHALY ZAMORA	2500 NW 79 AVE STE 135	<b>⊒</b> Add
		DORAL, FL 33122	□ Remove
			□ Change
			□ ∧dd
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			Change
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f an ef Note:	ive date, if other than the date of filing:  10/12/2015  (optional)  fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant 16:005.  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be isstered at the date on the Department of State's records.	<b>6.</b> 020 <u>7</u>
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie 90th day after the record is filed.	r of:
Dated		
	Signature of a member or authorized representative of a member	
	Signature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00