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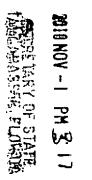
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COVER LETTER

TO:		tion Secti of Corpo			
C11D 1E/		cendes Int	ernational, LLC		
SUBJEC	C1:		Name of Lim	ited Liability Company	, <u>, , , , , , , , , , , , , , , , , , </u>
				,	
The encl	losed Artic	cles of An	nendment and fee(s) are sub-	mitted for filing.	
Please re	eturn all co	orrespond	ence concerning this matter	to the following:	
			Erik L Palma		
			•	Name of Person	
			Tancendes International, L.	LC	
Firm/Company					
			14355 SW 120th Street, St	nite 106	
				Address	
			Miami, FL 33186		
				City/State and Zip Code	
			erik@tancendes.com		
				to be used for future annual report notif	ication)
For furth	her inform	ation cond	erning this matter, please ca	all:	
Erik L I	Palma			786 214-2054 at ()	
		Name of Po	erson	Area Code Daytime	e Telephone Number
Enclosed	d is a chec	k for the f	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

Tancendes International, LLC		
(<u>Name of the Limited Liability</u> (A Florida Lii	Company as it now appears on our recomited Liability Company)	cords.)
The Articles of Organization for this Limited Liability Com Florida document number L17000212854	npany were filed on 10/13/2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	
Tancendes International Markets, LLC		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES	<u>SS)</u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or register registered agent and/or the new registered office addres		ords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ad	ldress
		, 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 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
·			
			□ Remove
			Change
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ffective date, if other than the	e date of filing:	(optional)	
an effective date is listed, the date mu ote: If the date inserted in this b ocument's effective date on the I	ist be specific and cannot be prior to date of filing lock does not meet the applicable statutory Department of State's records.	or more than 90 days after filing.) Pursu filling requirements, this date will n	ot be list
e record specifies a delaye The 90th day after the rec	d effective date, but not an effective	ve time, at 12:01 a.m. on th	ie earli
the both day alter the tet	, or o 10 mes.		
ated October 22			
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Typed or printed name of signee

Filing Fee: \$25.00