## LIPOO 089 178

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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## **COVER LETTER**

| Division of Cor                                   | porations  |   |   |  |  |
|---|--|---|---|--|--|
| SUBJECT:  | TENSOLIGHT LLC   |   |   |  |  |
|   | Name of Lim  | ned 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:   |   |  |  |
|   | JA/  | TER HERNANDEZ   |   |  |  |
|   |  | Name of Person  |   |  |  |
|   | TF   | NSOLIGHT LLC  |   |  |  |
| Firm/Company                                      |  |   |   |  |  |
|   | 999 NE 167th STREET  |   |   |  |  |
|   |  | Address   |   |  |  |
|   | NORTH  | MIAMI BEACH, FL 33162   |   |  |  |
|   | City/State and Zip Code Thernandez@tensolight.com Highlightsjh@gmail.com |   |   |  |  |
|   | E-mail address: ()   | to be used for future annual report notific                               | cation)   |  |  |
| For further information c                         | oncerning this matter, please co   | all:  |   |  |  |
| JAVIER HERNANDE                                   | ¢.   | 786 578 7840  |   |  |  |
| Name of Person Area Code Daytime Telephone Number |  |   | Telephone Number  |  |  |
| Enclosed is a check for the                       | ne following amount:   |   |   |  |  |
| ■ \$25.00 Filing Fee                              | ☐ \$30.00 Filing Fee & Certificate of Status                             | ☐ \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | ☐ \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |  |  |

TO:

Registration Section

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

|  | TENSOLIC                                     | SHT LLC                                   |                           |                       |
|--|--|---|---------------------------|-----------------------|
| ( <u>Name</u> of the Limit   | ed Liability Compan<br>(A Florida Limited Li | y as it now appears (<br>ability Company) | nn our records.)          |                       |
| The Articles of Organization for this Limited L.  Torida document number                                   |  | vere filed on                             | 04/09/2018                | and assigned          |
| his amendment is submitted to amend the following  | owing:                                       |   |                           |                       |
| . If amending name, enter the new name o   | f the limited liabil                         | lity company here                         |                           |                       |
| he new name must be distinguishable and contain the w  | rords "Umited Liabilit                       | ty Company," the desi                     | gnation "LLC" or the a    | abbreviation "L.L.C." |
| nter new principal offices address, if applic  |  | 999 NE 167th S                            |                           |                       |
| Principal office address MUST BE A STREET ADDRESS)   |  | NORTH MIAM                                | II BEACH, FL 33162        | )                     |
|  |  |   | . <u>-</u>                | 2                     |
| nter new mailing address, if applicable:   |  | 999 NE 167th S                            | STREET                    | V - 1                 |
| (Mailing address MAY BE A POST OFFICE BOX)   |  | NORTH MIAM                                | UBEACH, FL 3316.          |                       |
| <ol> <li>If amending the registered agent and/<br/>egistered agent and/or the new registered of</li> </ol> |  |   | our records, <u>enter</u> | the name of the       |
| Name of New Registered Agent:  | JAVIER HER                                   | NANDEZ                                    |                           |                       |
| New Registered Office Address:   | 999 NE 167t                                  |   | <u>.</u>                  |                       |
|  | NODEL MARK                                   |   | i sirect address          | 22162                 |
|  | NORTH MIAM                                   | L BEACH<br>City                           | , Florida                 | 33162<br>Zip Code     |
|  |  | City                                      |                           | ap com                |

## 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.

/ Page 1 of 3

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        |
|--------------|---------------------|-----------------------|-----------------------|
|              | JAVIER GONZALEZ     | 5213 NW 74 AVENUE     |                       |
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| native date if at         | er than the date of filing: _                                      |                           | ,                          | 4. 17                         |             |                  |
| n effective date is liste | d, the date must be specific and can                               | not be prior to date of r | iling or more than 90 days | optional)<br>after filing.) P | ursuant t   | 605.026 ن        |
| te: If the date inse      | ted in this block does not meet<br>late on the Department of State | the applicable statut     | ory filing requirements    | s, this date wi               | ll not be   | e listed a       |
|                           | and an one repairment of place                                     | o records.                |                            |                               |             |                  |
| record specifie           | s a delayed effective date   | but not an effe           | ective time at 12.         | Olam on                       | the e       | arlier (         |
| he 90th day af            | ter the record is filed.   | , but not an end          | ictive time, at 12.        | 01 0.111. 01                  | CITC C      | <b>G</b> ITICI ( |
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| tedOCTOBER 30             |  | 019                       |                            |                               |             |                  |
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Typed or printed name of signee