## LU 000 134552

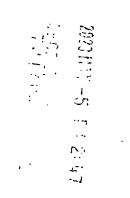
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## **COVER LETTER**

TO:

	istration Se sion of Corp			
		orations LLC		
SUBJECT:			ited Liability Company	
The enclosed	Articles of a	Amendment and fee(s) are sub	omitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Alejandro Moreno		
			Name of Person	<del></del>
		Domino VIP Group LLC		
			Firm/Company	_
		16261 SW 53rd Ter		
			Address	<del></del>
		Miami, F1. 33185		
			City/State and Zip Code	_
		info@dominovip.us		
		E-mail address: (	to be used for future annual report notification)	
For further in	formation c	oncerning this matter, please ca	all:	
Alejandro M	oreno		954 866-2325 at ( )	. 2
	Name of	f Person	at ()Area Code Daytime Telephone Numb	per mi in
Enclosed is a	check for th	e following amount:		, th
■ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certific	Filing Fee, Cate of Status & Copy Call Copy Call Copy Call Copy is enclosed)
Reg	ling Addres	Section	Street Address: Registration Section	
	ision of C Box 632	orporations 7	Division of Corporations The Centre of Tallahassee	
	lahassee. I		2415 N. Monroe Street, Suite	810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Tenax Restorations LLC

(Name of the Limit	ted Liability Comp (A Florida Limited	any as it now appears on our Liability Company)	records.)
The Articles of Organization for this Limited L. Rorida document number $\frac{1.21000134552}{1.000134552}$		y were filed on $\frac{03/22/202}{}$	and assigned
his amendment is submitted to amend the foll			
a. If amending name, <u>enter the new name o</u>	f the limited lia	bility company here:	
he new name must be distinguishable and contain the v	vords "Limited Liab	oility Company," the designation	in "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	eable:		
Principal office address MUST BE A STREE	ET ADDRESS)		
Inter new mailing address, if applicable:		17980 NE 31st Court	
(Mailing address MAY BE A POST OFFICE BOX)		Apt 1106	
	<u> </u>	Aventura, FL 33160	1
B. If amending the registered agent and/or agent and/or the new registered office address  Name of New Registered Agent:			enter the name of the new regis
······································	16261 SW 53	rd Terrace	
New Registered Office Address:		Enter Florida stree	t address
	Miami		Florida 33185
			Zip Code

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.

Alejandro Moreno

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
AMBR	Fabian Parasole	17980 NE 31st Court	□ ∧dd
		Арт 1106	□Remove
		Aventura, FL 33160	<b>≡</b> Change
			□Add
			□Remove
		,	□ Change
			□Add
			□Remove
			Change
			AddRemove
		<del></del>	Change
		<u> </u>	□∧dd
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ffective date, if other than an effective date is listed, the date	the date of filing:		(ор	tional)
an effective date is listed, the date ote: If the date inserted in th	must be specific and canno is block does not meet the	ot be prior to date of ne annlicable stat	filing or more than 90 days aff atory filing requirements at	er filing.) Pursuant to 605.020 his date will not be listed a
ocument's effective date on the			and y ming requirements.	and the more than
record specifies a delayed eff l is filed.	ective date, but not an eff	fective time, at 13	2:01 a.m. on the earlier of:	(b) The 90th day after the
. 04/29	200	<b>7</b> 3		
ated		<del></del>		
	/			

Typed or printed name of signee

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