124000220227

. ,	(Requestor's Name)
·	(Address)
	(Address)
☐ POK-L	(City/State/Zip/Phone #) WAIT MAIL
<u> </u>	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special instruction	es to Filing Officer
	. <u> </u>

Office Use Only



700366733517

05/21/21--01015--018 ++25.00

ALLAHASSEE, FLUK

3121 HET 21 PHI2: 18

O SIMMONE MAY 21 2021

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Tenton Real Estate 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:
Jeane of Person
MT TAXES and MOVE INC
2754 W. atlanticolva.
Pompano Beach Fl 33049
E-mail address: (to be used for future armual report notification)
For further information concerning this matter, please call:
Name of Person at (154 209 5546) Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
Certificate of Status Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

U	r	
Fontan Page	F(+11+0 1	1621 11 21 Ph 12: 19
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our r lability Company)	ecords.)
The Articles of Organization for this Limited Liability Company Florida document number 12100220	were filed on 5	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi		MILON ALL DE SECURITION
Enter new principal offices address, if applicable:	2754 2000000000000000000000000000000000000	N atlanti blv
(Principal office address MUST BE A STREET ADDRESS)	Portpario	DEMAITE 330001
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	401 E.L. Suite 13 Fort laua	aj 0101 Blvd. 0 PMB 781 Erdale FL 33301
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	nddress on our records, <u>e</u>	nter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street a	uddress
	ista i istina siteet u	
	City	_, Florida

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

MGR = M $AMBR = A$	lanager authortzed Member		
<u>Title</u>	<u>Name</u>	A121 HAY 21 PH 12: 18 Address	Type of Action
		•	
			□Change
			□Remove
			□Change
			□Remove
			□Add
			□Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			□ Choman

							2111h	:721	PH P	18	
				-						-:	
								- .,		 -	
										· · · · · · · · · · · · · · · · · · ·	
						.					
			·	,				-			
		<u></u>						 -			
<u></u>			·						.		
		<u>-</u>			 .						
<u> </u>											
-					·					······································	
				•							
											
ective da	te, if other t	han the date	of filing	;:				(0	ptional)	
te: If the	date inserted:	e date must be sp in this block d on the Departs	loes not m	ect the ap	plicable sta	of filing or itutory fil	more than ing requir	90 days : ernents,	after filing this date	g.) Pursuant i will not b	to 605.026 e listed a
cord spec s filed.	ifies a delayed	d effective date	e, but not	an effectiv	ve time, at	12:01 a.m	on the e	arlier of	f: (b) T	he 90th day	after th
ed	mau	1191	۶ ر	202	-1-17						
	J	I.			/						
					1						
_		Signa	iture of a n	nember of	dihorized re	presentati	ve of a mer	nber		 -	

Filing Fee: \$25.00