

M18 000001841

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

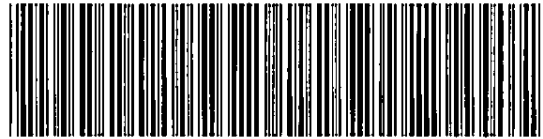
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL

2024 APR 16 PM 2:11

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Say Bookkeeping LLC

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Giuseppe Garcia-Salamone

Name of Person

Tentho

Firm/Company

114 NW 25th Street

Address

Miami, FL 33127

City/State and Zip Code

gsalamone@tentho.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Emma Orantes

at (786) 698-7187

Name of Person

Area Code & Daytime Telephone Number

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

Enclosed is a check for the following amount:

☒ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☒ \$60 Filing Fee, Certificate of Status & Certified Copy

CR2E055 (9/15)

FILED
2024 APR 16 PM 2:11
SECRETARY OF STATE
TALLAHASSEE, FL

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Say Bookkeeping LLC

Enter new principal office address, if applicable: 114 NW 25th Street

(Principal office address

MUST BE A STREET ADDRESS)

Miami, FL 33127

Enter new mailing address, if applicable:

(Mailing address

MAY BE A POST OFFICE BOX)

114 NW 25th Street

Miami, FL 33127

2. The Florida document number of this limited liability company is: M18000001841

3. Jurisdiction of its organization: DE

4. Date authorized to do business in Florida: 02/26/2018

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: Tenthio LLC
(must contain "Limited Liability Company," "LLC," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "LLC," or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida Street Address

City

Florida

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

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

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TALLAHASSEE, FL

9. Attached is a certificate, if required: no more than 90 days old, evidencing the
aforementioned amendment(s), duly authenticated by the official having custody of records in the
jurisdiction under the law of which this entity is organized.

Giuseppe Garcia-Salamone
Signature of the authorized representative

Giuseppe Garcia-Salamone

Typed or printed name of signee

Filing Fee: \$25.00
60.00

**STATE OF DELAWARE
CERTIFICATE OF AMENDMENT**

1. Name of Limited Liability Company: SAY BOOKKEEPING, LLC
2. The Certificate of Formation of the limited liability company is hereby amended as follows:

Name of the limited liability company is amended to:
TENTHO, LLC.

IN WITNESS WHEREOF, the undersigned have executed this Certificate on
the 6th day of March, A.D. 2024

By: Giuseppe Garcia-Salamone
Authorized Person(s)

Name: Giuseppe Garcia- Salamone
Print or Type

**State of Delaware**

SECRETARY OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 898
DOVER, DELAWARE 19903

8880012

03-19-2024

GIUSEPPE GARCIA-SALAMONE

114 NW 25TH STREET

MIAMI, FL 33127

ATTN: GIUSEPPE GARCIA-SALAMONE

DESCRIPTION		AMOUNT
6669184 - TENTHO, LLC		
0240Y Amendment Name		
Amendment Fee		\$180.00
Court Municipality Fee, Dover		\$40.00
TOTAL CHARGES		\$220.00
TOTAL PAYMENTS		\$220.00
BALANCE		\$0.00

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TALLAPOUSSIE, FL