Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : SILVAS FINANCIAL SERVICES, L.L.CSEP -8 2014

Account Number : I20020000100 : (305)944-9755

Fax Number : (888) 401-1914 R. WHITE

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

| Dana i 1  | Address: |  |  |  |
|-----------|----------|--|--|--|
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## COR AMND/RESTATE/CORRECT OR O/D RESIGN TENERE GROUP CORP

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
| Page Count            | 01      |
| Estimated Charge      | \$35.00 |

TO: Amendment Section

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## **COVER LETTER**

| Division of Corpo                       | rations                                     |   |  |
|---|---|---|--|
| NAME OF CORPOR                          | ATION: TENERE G                             | ROUP CORP   |  |
| DOCUMENT NUMB                           | <sub>ER:</sub> P1300007410                  | 0   |  |
| The enclosed Articles of                | of Amendment and fee are su                 | bmitted for filing.   |  |
| Please return all corres                | pondence concerning this ma                 | tter to the following:  |  |
|   | MARTIN REYES                                |   |  |
| · -                                     |   | Name of Contact Person  | 1  |
|   | SILVAS FINANC                               | IAL SERVICES,   | LLC  |
| -                                       |   | Firm/ Company   |  |
| _                                       | 5220 S UNIVERS                              | SITY DR STE C-  | 102  |
|   |   | Address   |  |
|   | DAVIE, FL 33328                             | 3   |  |
| •                                       |   | City/ State and Zip Cod                                       | е  |
| ACC                                     | COUNTING3@SIL                               | VASFINANCIAL  | SERVICES.COM   |
|   | E-mail address: (to be us                   | sed for future annual report                                  | notification)  |
| * |   |   |  |
| For further information                 | concerning this matter, pleas               | ie call:  |  |
|   |   | at (  | _ <sub>)</sub> 587-8849                                |
| Name o                                  | f Contact Person                            | Area Co   | de & Daytime Telephone Number                          |
| Enclosed is a check for                 | the following amount made                   | payable to the Florida Depa                                   | irtment of State:                                      |
| S35 Filing Fee                          | ☐\$43.75 Filing Fee & Certificate of Status | ☐S43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is | SS2.50 Filing Fee Certificate of Status Certified Copy |

enclosed)

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

Street Address
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(Additional Copy is enclosed)

To: Page 4 of 8

2014-09-05 19:40:13 (GMT)

18884011914 From: Silvas Financial Services, LLC

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FILED

Articles of Amendment to Articles of Incorporation of 14 SEP -5 AH 8: 15 確保はTACY OF STUTE

## **TENERE GROUP CORP**

(Name of Corporation as currently filed with the Florida Dept. of State)

P13000074100

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

| name must be distinguishable and con  |                             |          |                      |
|---|-----------------------------|----------|----------------------|
| "Corp.," "Inc.," or Co.," or the design<br>word "chartered," "professional associa                      |                             |          | on name musi coniain |
| B. Enter new principal office address, (Principal office address MUST BE A S                            |                             | N/A      |                      |
| C. Enter new mailing address, if appli<br>(Mailing address MAY BE A POST)                               |                             | N/A      |                      |
|   |                             |          |                      |
|   |                             |          |                      |
|   |                             |          | of the               |
| D. If amending the registered agent an new registered agent and/or the new Name of New Registered Agent |                             |          | of the               |
|   | v registered office address | <b>.</b> | of the               |
| new registered agent and/or the new   | v registered office address | <b>.</b> | of the               |

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If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held, President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

| Example: XChange              | <u>PT</u>    | John Do     | <u>oc</u>         |                       |
|-------------------------------|--------------|-------------|-------------------|-----------------------|
| X Remove                      | <u>v</u>     | Mike Jo     | ones .            |                       |
| X Add                         | <u>sv</u>    | Sally Sr    | <u>nith</u>       |                       |
| Type of Action<br>(Check One) | <u>Title</u> |             | Name              | <u>Addres</u> s       |
| 1) Change                     | Р            | <del></del> | MARCELA GRIMALDI  | 16950 COLLINS AVENUE  |
| Add                           |              |             |                   | SUITE 112-104         |
| Remove                        |              |             |                   | SUNNY ISLES BEACH, FL |
| 2) Change                     | Р            | _           | JOSE L. FERNANDEZ | 16950 COLLINS AVENUE  |
| Add                           |              |             |                   | SUITE 112-104         |
| Remove                        |              |             |                   | SUNNY ISLES BEACH, FL |
| 3) Change                     |              | _           |                   |                       |
| Add                           |              |             |                   |                       |
|                               |              |             |                   |                       |
| 4) Change                     |              |             |                   |                       |
| Add                           |              |             |                   |                       |
| Remove                        |              |             |                   |                       |
| 5) Change                     |              |             |                   |                       |
| Add                           |              |             |                   |                       |
| Remove                        |              |             |                   |                       |
| 6) Change                     |              |             |                   |                       |
| Add                           |              |             |                   |                       |
| Remove                        |              |             |                   |                       |
|                               |              |             |                   |                       |

To: Page 6 of 8

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| / A                      | itional sheets, if nece                                       | ssary). (Be spec | ijic)                                       |   |         |
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| provision<br>(if not     | dment provides for some timplementing to applicable, indicate | the amendment if | assification, or can<br>not contained in th | centation of issued s<br>ie amendment itself: | nares,  |
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(voting group)

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|                     | 'The number of votes east for the amendment(s) was/were sufficient for approval  |
|---------------------|--|
|                     | The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s): |
|                     | The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.   |
|                     | Adoption of Amendment(s) (CHECK ONE)   |
|                     | (no more than 90 days after amendment file date)   |
|                     | Effective date if applicable: 09/02/2014   |
|                     | date this document was signed.   |
| , if other than the | The date of each amendment(s) adoption:  |

The amendment(s) was/were action was not required. action was not required. he umendmentis) was well adopted by in Duted 09/02/2014 scleoft bear incorporator - if in the hands of a receiver musice, or other court (By a Meetler president of other officer if directors or officers have not been appointed fidiciary by that fidiciary) adopted by the board of directors without staneholder action and shareholder incorporators without shareholder action and shareholder (Typed or primed name of person signing) JOSE LEONARDO FERNANDEZ (Title of person signing) PRESIDENT (((HI4000209219)))