## P14000019172

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## COVER LETTER

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TO: Amendment Section Division of Corporations

NAME OF CORPORATION: _		TENORIO PROPERTIE	S, INC.
DOCUMENT NUMBER:		P14000019172	
The enclosed Articles of Amendme	ent and fee are su	bmitted for filing.	
Please return all correspondence co	oncerning this ma	tter to the following:	
		PEDRO P. SAEZ	
		Name of Contact Perso	on
		SAEZ & ASSOCIATE	S
<del></del>	-	Firm/ Company	-
	777 L	BRICKELL AVENUE. SU	JITE 1110
- <del></del>		Address	
		MIAMI, FL 33131	
	<del></del>	City/ State and Zip Co	de
		PSAEZ@SAEZLAW	v.COM
E-mail	address: (to be us	sed for future annual repor	
For further information concerning  MARIELA VE		se call:at (	3580028
Name of Contact Po	erson	Area C	ode & Daytime Telephone Number
Enclosed is a check for the followi	ng amount made	payable to the Florida Dep	partment of State:
	75 Filing Fee & ficate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Addres Amendment Sec Division of Corp P.O. Box 6327 Tallahassee, FL	tion orations	Amen Divis Clifto	t Address Idment Section Ion of Corporations In Building Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation

## TENORIO PROPERTIES, INC.

12. 01	• • • • • • • • • • • • • • • • • • • •
(Name of Corporation as c	urrently filed with the Florida Dept. of State)
P	214000019172
(Document Nu	unber of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statute its Articles of Incorporation;	es, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporat	tion:
	The new
	poration," "company," or "incorporated" or the abbreviation c," or "Co". A professional corporation name must contain the viation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  D. If amending the registered agent and/or registered office specificated agent and/or the new registered agent a	
new registered agent and/or the new registered office a	address:
Name of New Registered Agent	
	'arida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa	amiliar with and accept the obligations of the position.
Signature o	of New Registered Agent, if changing

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: X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	DV	Manuel Polini Montero	770 CLAUGHTON ISLAND DR.
xAdd			SUITE 1914
Remove			MIAMI, FL 33131
2) Change			
Add			
Remove			
3 ) Change			<del></del>
Add			<del></del>
Remove			
4) Change			
Add			
Remove			<del></del>
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

√A\	$additional\ sheets,\ if\ necessary).$	(Be specific)			
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				<u>.</u>	
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lf an a	mendment provides for an exc	hange, reclassification,	or cancellation of is	sued shares,	
<u>provi</u>	sions for implementing the ame	endment if not contained	l in the amendment	itself:	
( <u>i</u>	f not applicable, indicate N/A)				
/A					
		<u> </u>			
			·	· · ·	
		<del></del>			

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) ( <u>CHECK ONE</u> )	
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.	
☐ 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 number of votes cast for the amendment(s) was/were sufficient for approval	
by"  (voting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Signature  (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)  MANNE H. DIM	
(Typed or printed name of person signing)	
Prosident	

(Title of person signing)