## P11000068882

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Only/Otale/Zip// Hone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



200304436992

10/13/17--01012--012 \*\*25.61



OCT 1 6 2017 C MONAIR

## COVER LETTER

		COVER LETTER		.•
TO: Amendment See Division of Corp				THOUT'S AND SA
NAME OF CORPO	RATION: TEN TEN 1809 C	ORP		
DOCUMENT NUM	BER: P17000068882			<b>基</b>
The enclosed Articles	of Amendment and fee are so	ibmitted for filing.		Ø .
Please return all corre	spondence concerning this ma	atter to the following:		4
	Jorge Salcedo			
		Name of Contact Perso	n	
	Salcedo Attorneys at Law, P	.A.		
	<del></del>	Firm/ Company		
		Address	<del></del>	
	Miami, FL 33131			
		City/ State and Zip Cod	c	
deast	ro@lawjsh.com			
	E-mail address: (to be u	sed for future annual report	notification)	
For further information	on concerning this matter, plea	se call:		
Jorge Salcedo		at. (305	3750640	
Name of Contact Person		Area Co	de & Daytime Telephone Number	_
Enclosed is a check for	or the following amount made	payable to the Florida Depa	urtment of State:	
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	O\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
	iling Address	Street	Address	
Amendment Section			ment Section	
Division of Corporations		Division of Corporations		
P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Center Circle		

Tallahassee, FL 32301



## Articles of Amendment to Articles of Incorporation of

TEN TEN 1809 CORP

(Name of Corporation as	s currently filed with the Florida Dept. of State)
	Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statits Articles of Incorporation:	stutes, this Florida Profit Corporation adopts the following amendment(s) to
A. Il amending name, enter the new name of the corpor	ration:
name must be distinguishable and contain the word "c "Corp.," "Inc.," or Co.," or the designation "Corp.," "I word "chartered," "professional association," or the abbr	The new corporation," "company," or "incorporated" or the abbreviation Inc," or "Co". A professional corporation name must contain the reviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES	222)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered of new registered agent and/or the new registered offic	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	(City) , Florida(Zip Code)
New Registered Agent's Signature, if changing Register	
I hereby accept the appointment as registered agent. I am	
Signature	e 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= Secrétary; 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.

X Change	PT	John Do	00	
X Remove	<u>v</u>	Mike Jo	onez	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1)Change	MGR	_	Armando Monroy	22356 Quail Roost Dr
Add				Weston, FL 33327
x Remove				
2) Change		_	<del></del>	
Add				
Remove				
3) Change				
Add				
Remove				
4)Change				-
Add				
Remove				
5) Change		_		
Add				<u></u>
Remove				
6)Change		_		
Add	-	_		
Remove				

Dans 1 of

	deles, enter change(s) here: (Be specific)
If an amendment provides for an excl	hange, reclassification, or cancellation of issued shares.
if not applicable indicate MA	endment if not contained in the amendment livelf:
sa noi applicable indicate N/A)	
(if not applicable, indicate N/A)	
(ij not applicable, inaicale N/A)	
у посаррисавіє, іпакале N/A)	
(ij not applicable, inaicale N/A)	
(у пос аррисавіе, іпаксате N/A)	
(ij not applicable, inaicale N/A)	
цу пос аррисавіе, іпаксате N/A)	
(у пос аррисавіе, іпаксате N/A)	
(у пос аррисавіе, іпаксате N/A)	
(у пос аррисавіе, іпаксате N/A)	
цу пос аррисавіе, іпаксате N/A)	

The date of each amendment(s) add date this document was signed.	option:	, if other than the
Effective date if applicable:		
mapping.	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blocournent's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this artment of State's records.	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes cast for the amendme	nl(s)
☐ The amendment(s) was/were appr must be separately provided for e	oved by the shareholders through voting groups. The following state each voting group entitled to vote separately on the amendment(s):	ement
"The number of votes cast for	or the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
The amendment(s) was/were adopted action was not required.	sted by the board of directors without shareholder action and shareholder	slder
October 4/2 Dated Signature (By e directed appoints)	teetor, president or other offices – if directors or officers have not be by an incorporator – if in the hands of a receiver, trustee, or other of fiduciary by that fiduciary)  uan Manuel Osorio  (Typed or printed name of person signing)	<del></del>
i	Director	
<del>-</del>	(Title of person signing)	