P21000006171

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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: TENCAX CORPORATION DOCUMENT NUMBER: P21000006171 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: DANIEL DIAZ DE LA ROCHA Name of Contact Person DANIEL DIAZ DE LA ROCHA, CPA Firm/ Company 290 NW 165 ST., M100 Address MIAMI, FL 33169 City/ State and Zip Code DANDELAROCHA@AOL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (305 Area Code & Daytime Telephone Number DANIEL DIAZ DE LA ROCHA, CPA Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: **\$35** Filing Fee ☐\$43.75 Filing Fee & ☐\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

Mailing Address

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

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

Articles of Amendment Articles of Incorporation

(Nam	e of Corporation as currentl	filed with the Flo	rida Dept. of State)	
000006171				
	(Document Number of	Corporation (if kno	own)	·
suant to the provisions of section 60 Articles of Incorporation:	7.1006, Florida Statutes, this	Florida Profit Corpo	oration adopts the follow	ing amendm
If amending name, enter the new	name of the corporation:			
e must be distinguishable and conta	······································			The new
c.," or Co.," or the designation artered," "professional association Enter new principal office addres	s," or the abbreviation "P.A." s, if applicable:	professional corpo	oration name must conto	uin the word
ncipal office address <u>MUST BE A</u>	STREET ADDRESS)			20
				20 <u>P</u> 1 S
				ST C
Enter new mailing address, if app Mailing address MAY BE A POST				٠ - ا
muning undress MAT BE A FOS	OFFICE BOX			
				:-
Comanding the registered exect.			41	
If amending the registered agent : new registered agent and/or the n			er the name of the	
Name of New Registered Agen	DIEGO CENTANNI		· · · · · · · · · · · · · · · · · · ·	_
	8566 NW 115 PLACE			
	(Florida stre	et address)		_
N B : 100 111	MIAMI ::		, Florida 33178	
New Registered Office Address		(City)	(Zio	

Signature of New Registered Agent, if changing

Check if applicable

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

X

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)

Example:

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.

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>	Name	<u>Addres</u> s
1) Change	PRES	DANIEL E. CENTANNI	8566 NW 115 PLACE
Add			MEDLEY, FL 33178
X Remove	DDEG	DVDGO CDVT + NDV	06// >77/ 116 PV - GP
2) Change	PRES	DIEGO CENTANNI	8566 NW 115 PLACE
X Add			MEDLEY, FL 33178
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

n amendment provides for an exchange, reclassification, or cancellation of issued shares, ovisions for Implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)). (Be specific)
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• •	SEPTEMBER 2, 2021		
The date of each amendment(s) adopti date this document was signed.	lon:	****	, if other than the
Effective date if applicable:			
	(no more than 90 a	lays after amendment file date)	
Note: If the date inserted in this block document's effective date on the Departs		le statutory filing requirements, th	is date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were adopted action was not required.	by the incorporators, or box	ard of directors without shareholder	action and shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient		umber of votes cast for the amendr	nent(s)
☐ The amendment(s) was/were approve must be separately provided for each	voting group entitled to vol	te separately on the amendment(s):	
"The number of votes cast for the	he amendment(s) was/were	sufficient for approval	
by	,, ,	n	
	(voting group)		
09/02/2021 Dated) Harman		
Signature X	40000	'C 1'	
	· ·	 if directors or officers have not be ands of a receiver, trustee, or other 	
	iduciary by that fiduciary)	,	
DIE	GO CENTANNI		
	(Typed or printed nau	me of person signing)	
PRE	SIDENT		

(Title of person signing)