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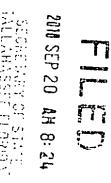
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COVER LETTER

CUD IF CT.	TERRA RES	SOURCES LLC				
SUBJECT:		Name of Lim	ited Liability Company			
The enclosed	d Articles of A	amendment and fee(s) are sub-	mitted for filing.			
Please return	all correspon	dence concerning this matter	to the following:			
		MARITZA MERCEDES				
			Name of Person			
		2450 HOLLYWOOD BLV	Firm/Company 'D SUITE 401			
		HOLLYWOOD, FL 33020	Address		2018 5.55 1.A.L.1	
		-	City/State and Zip Code		II SEP 2	7
For further i	nformation co	E-mail address: (to be used for future annual report notificall:	ation)	O AH	
MARITZA	MERCEDES		305 766-3445		્રેફે છ કહે ≥	ارسور الآ
	Name of	Person		Celephone Number	- 	
Enclosed is	a check for the	e following amount:				
\$25.00 E	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &	

MAILING ADDRESS:

Registration Section
Division of Corporations

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TERRA RESOURCES LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L02000033083	were filed on 12/10/2002	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:	2450 HOLLYWOOD BLVD SUITE 40	1
(Principal office address MUST BE A STREET ADDRESS)	HOLLYWOOD, FL 33020	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		the name of the new
New Registered Office Address:	Enter Florida street address	P 20 AH
New Registered Agent's Signature, if changing Registered Agent:	, Florida	Zip Code

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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	HANS MICHEL	1635 Old 41 Hwy Suite 112-145 Kennesaw, GA 30152	
			□ Remove
			□ Change
			Remove
			Change
		- <u>-</u>	Add
			Remove
			□ Change
			A
			Remove
			Change
			D Add
			Remove
			Change
			□ Remove
			☐ Change

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Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be prior to	(optional)
Note: If the date inserted in this block does not meet the applicable document's effective date on the Department of State's records.	le statutory filing requirements, this date will not be listed as
he record specifies a delayed effective date, but not a The 90th day after the record is filed.	an effective time, at 12:01 a.m. on the earlier of
Durd 9/13 2018	
Dated 113 . 2018	- ·

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00