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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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JUN 25 2020

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	Tera Style Name of Lindite	s ll	
	Name of Limite	d Liability Company	
The enclosed Articles of A	Amendment and fee(s) are subm	itted for filing.	
Please return all correspon	ndence concerning this matter to	the following:	
	Tera Styers -	Name of Person Change it to Firm/Company	Tera Vizra)
	Tera Styers UC	- Change it to Firm/Company	Tera Vizra UC
	5365 Ma	nchini St. Address	
	Sarasota	City/State and Zip Code	
	E-mail address: (to	chairle annual report notifi	cation)
For further information c	oncerning this matter, please cal	l:	
Name o	Vizza f Person	at (<u>94/</u>) <u>356</u> Area Code Daytime	- 2280 Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fcc	\$\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

O1	2020 JULI 1 PM 5: 27
(A Floriga Limited Lia	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company we Florida document numberL10000043943	vere filed on 4/23/2010 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil The new name must be distinguishable and contain the words "Limited Liability".	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	5365 Marchini St. Sarasota, Fl. 34238
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5365 Manchini St. Sarasotu, FL 34238
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent: New Registered Office Address: 536	Enter Florida street address The Solution is St. Florida 34238 Zip Code
<u>\</u>	City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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>	<u>Address</u>	2333 JUNI 1 F. St.	Type of Action
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ecord spec	cifies a delayed e	ffective date,	but not an	effective tim	ne, at 12:01 a	.m. on the ea	rlier of: (b)	The 90th day after	the
is filed.	June	2	2020	- d	ate sign	ul			
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