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

Tallahassee, FL 32314

| TO: Registration Sec Division of Corp | | | |
|--|--|---|--|
| SUBJECT: The | Terrace o | 771 116 | |
| | | ited Liability Company | |
| | | | |
| The enclosed Articles of A | mendment and fee(s) are sub- | mitted for filing. | |
| Please return all correspon | dence concerning this matter | to the following: | |
| | | | |
| | ADRIAN | Name of Person | <u>=</u> |
| | _ The To | Ervace 921 Firm/Company | LLC |
| | <u>8371 9</u> | SW 321 TR | |
| | | City/State and Zip Code | 33,55 |
| | E-muil address: (1 | NOCE 921 @ Gir to be used for future annual report not | nil. com |
| For further information con | ncerning this matter, please ca | | |
| ∧ ∃ 1 2 2 2 2 3 | Delyale | at (786) 472 | -1073 |
| Name of | | | e Telephone Number |
| | | | |
| Enclosed is a check for the | following amount: | | |
| □ \$25.00 Filing Fee | \$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 Se | | <u>Street Address:</u> Registration Sec | |
| Division of Co | | Division of Cor | |
| P.O. Box 6327 | | The Centre of T | ananassee |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

| Tre Truace | , all 110 | 2022 AUG -4 PM 1: 25 |
|--|---|--|
| (Name of the Limited Liability (A Florida L | Company as it now appears limited Liability Company) | TALLAHASSEE. FL |
| he Articles of Organization for this Limited Liability Cor | mpany were filed on 崖 | larch 15,2022 and assigned |
| lorida document number <u>L-22000 1290</u> 0 | 1 8 | |
| his amendment is submitted to amend the following: | | |
| . If amending name, enter the new name of the limite | ed liability company her | <u>'e</u> : |
| he new name must be distinguishable and contain the words "Limite | ed Liability Company," the de | signation "LLC" or the abbreviation "L.L.C." |
| nter new principal offices address, if applicable: | | |
| Principal office address MUST BE A STREET ADDRE | <u> </u> | |
| | | |
| Inter new mailing address, if applicable: | | |
| Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| | office address on our re | cords, enter the name of the new regis |
| 3. If amending the registered agent and/or registered of gent and/or the new registered office address here: | | |
| | | |
| gent and/or the new registered office address here: | | |
| Name of New Registered Agent: | Enter Fioru | da street address |

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 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> | Type of Action |
|--------------|----------------------|-------------------------------------|----------------|
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