## L22000140785

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## **COVER LETTER**

` TO:

Registration Section Division of Corporations

SUBJECT:	TERR	AMEI LLC	N	
	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing		
	indence concerning this matter	_		
•	_			
	Jaime Zambrano			
		Name of Person		
	TERRAREI LLC			
		Firm/Company		
	478 E. ALTAMONTE DRIVE 108-297  Address			
	ALTAMONTE SPRINGS	, FL 32701	27	
		City/State and Zip Code		
	jaimezambrano@comcast.n			
	E-mail address: (	to be used for future annual report not	ification)	
For further information c	oncerning this matter, please c	all:		
Jaime Zambrano		305 318-0622		
Name o	f Person		ne Telephone Number	
Enclosed is a check for the	ne following amount:			
■ \$25.00 Filing Fee	S30.00 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 Addres Registration 5	Section	<u>Street Address:</u> Registration Se	ection	
Division of C		Division of Co		
P.O. Box 632 Tallahassee, I		The Centre of 2415 N. Monro	Tallanassee oc Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TERRAREI LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were fi	led on and assigned
Florida document number <u>L22000140785</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability con	mpany here:
The new name must be distinguishable and contain the words "Limited Liability Comp	pany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	; ; ;
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	-7
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
	cn cn
B. If amending the registered agent and/or registered office address agent and/or the new registered office address here:	on our records, enter the name of the new reg
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, 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>	Name	Address	Type of Action
AMBR	JAVIER ENRIQUE ZAMBRANO	478 E. ALTAMONTE DRIVE 108-297	
		ALTAMONTE SPRINGS, FL 32701	Remove
			□ Change
AMBR	GLADYS VALENCIA DE ZAMB	478 E. ALTAMONTE DRIVE 108-297	□Add
		ALTAMONTE SPRINGS, FL 32701	≣Remove
			□ Change
AMBR	JUAN CARLOS ZAMBRANO VA	478 E. ALTAMONTE DRIVE 108-297	□Add
		ALTAMONTE SPRINGS, FL 32701	■Remove
			□ Change
AMBR	LUIS EDUARDO ZAMBRANO V		
			Remove
			Change
			□Add
			🗀 Remove
			Change
			□Add
		<del></del>	Remove
			□Change

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ective date, if other than the date of filing:  n effective date is listed, the date must be specific and cannot be prior to date te: If the date inserted in this block does not meet the applicable statement's effective date on the Department of State's records.	
cord specifies a delayed effective date, but not an effective time, at s filed.	12:01 a.m. on the earlier of: (b) The 90th day after th
ed <u>57 21/2027</u> ,	
Signature of a member or authorized re	·