

P14 000030863

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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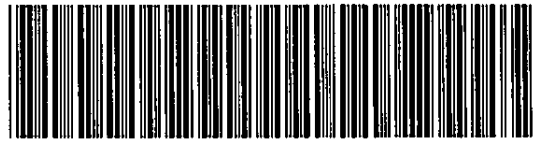
(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11/2/15

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Terrascares, Inc.

DOCUMENT NUMBER: P14000030863

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ramiro Valdez  
Name of Contact Person  
Terrascares, Inc.  
Firm/ Company  
1905 49th Drive East, Unit A  
Address  
Bradenton, Florida 34203  
City/ State and Zip Code

bmoriarty@suncoastlegalgroup.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brenden S. Moriarty at ( 941 ) 749-0075  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |   |  |   |  |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>is enclosed) |
|---|--|---|--|

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

**Street Address**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



**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)*

*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.*

**Example:**

Change                    PT      John Doe

Remove                    V      Mike Jones

Add                        SV      Sally Smith

| <u>Type of Action</u><br>(Check One)       | <u>Title</u> | <u>Name</u>               | <u>Address</u>                         |
|--|--------------|---------------------------|--|
| 1) <input type="checkbox"/> Change         | <u>D/P</u>   | <u>John R. Sthreshley</u> | <u>2119 147th Court East</u>           |
| <input type="checkbox"/> Add               |              |                           | <u>Bradenton, Florida 34212</u>        |
| <input checked="" type="checkbox"/> Remove |              |                           |  |
| 2) <input type="checkbox"/> Change         | <u>P/S/T</u> | <u>Ramiro Valdez</u>      | <u>1905 49 Ave. Drive East, Unit A</u> |
| <input checked="" type="checkbox"/> Add    |              |                           | <u>Bradenton, Florida 34203</u>        |
| <input type="checkbox"/> Remove            |              |                           |  |
| 3) <input type="checkbox"/> Change         |              |                           |  |
| <input type="checkbox"/> Add               |              |                           |  |
| <input type="checkbox"/> Remove            |              |                           |  |
| 4) <input type="checkbox"/> Change         |              |                           |  |
| <input type="checkbox"/> Add               |              |                           |  |
| <input type="checkbox"/> Remove            |              |                           |  |
| 5) <input type="checkbox"/> Change         |              |                           |  |
| <input type="checkbox"/> Add               |              |                           |  |
| <input type="checkbox"/> Remove            |              |                           |  |
| 6) <input type="checkbox"/> Change         |              |                           |  |
| <input type="checkbox"/> Add               |              |                           |  |
| <input type="checkbox"/> Remove            |              |                           |  |



The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**Adoption of Amendment(s) (CHECK ONE)**

The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval

by \_\_\_\_\_"  
(voting group)

The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 10/23/15

Signature 

(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Ramiro Valdez

\_\_\_\_\_  
(Typed or printed name of person signing)

P, VP, S, T

\_\_\_\_\_  
(Title of person signing)