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## **COVER LETTER**

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: \_\_\_\_ Terrascapes, Inc. DOCUMENT NUMBER: 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 Terrascapes, 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 Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: **\$35** Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Street Address **Mailing Address** Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 . Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation

to

	Terrascap	oes, Inc.	
(Name e	of Corporation as currently	y filed with the Florida Dept. of Stat	te)
	P1400003	0863	
	(Document Number of	Corporation (if known)	· · · · · · · · · · · · · · · · · · ·
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation adopts the	following amendment(s)
A. If amending name, enter the new na	me of the corporation:		
			The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or "	Co". A professional corporation na	or the abbreviation
B. Enter new principal office address, if applicable:		1905 49th Avenue Drive East, Uni	t A
(Principal office address MUST BE A S.)		Bradenton, Florida 34203	
			- F 0
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		same	FILE.
1			
D. If amending the registered agent an new registered agent and/or the new			
Name of New Registered Agent	Brenden S. Moriarty, Esqu		
Nume of New Registered rigent	1001 Third Avenue West,	Suite 650	
	(Florida str	eet address)	
New Registered Office Address:	Bradenton	, Florida	34205
		(City)	(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist			position.
	318/	mb	<u>_</u>
<del> </del>	Signature of New R	egistared Agent, if changing	•
	4	· .	

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: X Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	ones .	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	Title		Name	Address
1) Change	D/P		John R. Sthreshley	2119 147th Court East
Add				Bradenton, Florida 34212
X Remove				
2) Change	P/S/T		Ramiro Valdez	1905 49 Ave. Drive East, Unit A
X Add				Bradenton, Florida 34203
Remove				
3) Change		<u> </u>		
Add				
Remove				
•				
4) Change		_		
Add				
Remove				
5) Change		_		
Add		•		
Remove				
6) Change				
Add				
Remove				

2	icles, enter change(s) here: (Be specific)
<u>.                                    </u>	
	hange, reclassification, or cancellation of issued shares,
f an amendment provides for an exch	
provisions for implementing the ame	endment if not contained in the amendment itself:
f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
provisions for implementing the ame	endment if not contained in the amendment itself:
provisions for implementing the ame	endment if not contained in the amendment itself:
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The date of each amendment(s) adoption:, if other t	nan th
date this document was signed.	
Effective date if applicable:  (no more than 90 days after amendment file date)	
(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.	as th
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 demin Wells	
(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)	