Division of Corporations

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	Division of Corp Fax Number :	(850)617-6383	<b>X</b> :	[18]
From:	Account Number : Phone :	MARTIN ACCOUNTING & TAX SERVICE, INC 120060000012 (305)826-5886 (305)722-0535	に対象の	AUG 28 AM
Enter	the email address	for this business entity to be used fo gs. Enter only one email address please	r futui	ee U <sup>ar</sup>

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TERRASIL, LLC

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TER	RASIL, LLC			
(Name of the Limited Liability (A Florida Li	Company as it now appears on our recomited Liability Company)	ordķ.)		
The Articles of Organization for this Limited Liability Corr	npany were filed on 10/06/2014		_ and assign	ed
Florida document number L14000155828				
This amendment is submitted to amend the following:	,			
A. If amending name, enter the new name of the limited	d Hability company here:			
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "L	LC" or the abbre	viation "L.L.C.	<del>,,</del>
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRES	<u> </u>			
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Enter new mailing address, if applicable:	<del></del>	<del></del>	<u> </u>	* .
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	<u> </u>	
		1111	> for	*:
		3.	© .	
B. If amending the registered agent and/or register	ed office address on our recor		name of	the new
registered agent and/or the new registered office address	s here:	47	-1	
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·			<del></del>
New Registered Office Address:				
	Enter Florida street add	ress		
		Florida		
	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

Title	<u>Name</u>	Address	Type of Action
MGR	SAADE, JACOBO	1000 WILLIAMS ISLAND BLVD	🗖 Add
		APT 2610, AVENTURA, FL 33161	Remove
			■ Change
MGR .	COHEN, SILVIA MICHEL	1000 WILLIAM ISLAND BLVD	□ Add
•		APT 2610, AVENTURA FL 33160	
			⊞ Change
AMBR	SAADE, NITZA	1000 WILLIAM ISLAND BLVD	
		APT 2610, A TENTURA FL 33160	
			O Change
AMBR	SAADE, JEANNE P	1000 WILLIAMS ISLAND BLVD	Add
		APT 2610 AVENTURA FL 33160	■ Remove
			Change
MGR	CHAMOSH SAADE, MOISES	Camino al Olivo, 280, Torre 7	Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z
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		05100	☐ Change
, JACOB	CHAMOSH SAADE, MOISES		ος στ Di-Add
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nce: If the date inserted in this block does not meet the applicable statutory tiling requirements, this date will not be in cument's effective date on the Department of State's records.  record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ear the 90th day after the record is filed.					,
fective date, if other than the date of filing:  n effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 6 total. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be licument's effective date on the Department of State's records.  record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earliebe 90th day after the record is filed.  ted  AUGUST 28  2017	2017	The 90th day after th	ne record is filed.	78.17   A.L.I.	-

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