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COVER LETTER

го:	Registration Sec Division of Corp						
SUBJE	CT:	Terra	Palm 5 L Name of Limite	LC ed Liability Company			
The enc	losed Articles of A	amendment and	l fee(s) are subm	nitted for filing.			
Please r	eturn all correspon	dence concern	ing this matter to	the following:			
			Jeff	rey Tanh	er		
			Terra	Palms, LL Firm/Company	. <u>C</u>		
			9078	SW 15	7 ST		
			Miami	FL 33 City/State and Zip Co	157 de		
			tmom 2 E-mail address: (to	be used for future ann	val report notificat	ion)	
For fur	ther information co	oncerning this r	natter, please ca	ψ:			
	Name of	Tanne	<u>^</u>	at (<u>305</u>) Area Code	984 – Daytime Te	4625 lephone Number	-
Enclos	ed is a check for th	e following am	iount:				
\$2.	5.00 Filing Fee	S30.00 Fi	iling Fee & ate of Status	☐ \$55.00 Filing F Certified Copy (additional copy is	•	□ \$60.00 Filing Fe Certificate of S Certified Copy (additional copy is	tatus &

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee El 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Terra Palms, LLC	
(Name of the Limited Liability Company as it now appears of (A Florida Limited Liability Company)	n our records.)
The Articles of Organization for this Limited Liability Company were filed on	t .
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here	:
The new name must be distinguishable and contain the words "Limited Liability Company," the design	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
•	
	ر.
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
(Multing dauress WAT BE AT OST OTTTCE BOX)	:•
B. If amending the registered agent and/or registered office address on our recongent and/or the new registered office address here:	ords, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address: Enter Florida	ı street address
	, 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 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>	Address	Type of Action
<u>AMBR</u>	Carol F Tanner	9078 SW 157 ST.	(LAdd
		Miami, FL 33157	□Remove
			□Change
		•	🗆 Add
			□Remove
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			Change

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re date, if other than the date of filing: etive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 of the date inserted in this block does not meet the applicable statutory filing requirement's effective date on the Department of State's records.	
specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earli	er of: (b) The 90th day after the
August 14 2024	
Alland Tanner	
Signature of a member or authorized representative of a member	r
f	e date, if other than the date of filing: tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 of the date inserted in this block does not meet the applicable statutory filing requirement's effective date on the Department of State's records. specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlief. August 14