## LOS 0000 5H3H

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2024 SEP -6 AMII: 44 SECRETARY OF STATE

## **COVER LETTER**

SUBJECT:	TERRAVEST GRO	OUP, ELC	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	James F Gray		
		Name of Person	<del></del>
	James F Gray, PA		
		Firm Company	-
	3615-B NW 13th St		
		Address	<del></del>
	Gainesville, FL 32609		
•		City State and Zip Code	<del></del>
	PapaGray1@aol.com		
•	E-mail address: (1	to be used for future annual report notific	cation)
For further information c	oncerning this matter, please ca	ail:	PA ST FOR
James F Gray		352 371-6303	Telephone Number PAR STATE TO
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	ne following amount:		酒车
■ \$25.00 Filing Fee	□ \$30.00 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)

TO:

Registration Section **Division of Corporations** 

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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TERRAVEST GR	ROUP, LLC	
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 123000204261 LOS 0000	were filed on 01/19/2005	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	<u>pility company here</u> :	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		SE B
Enter new mailing address, if applicable: ( <u>Mailing address MAY BE A POST OFFICE BOX)</u>		FARVER TO
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the </u>	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	191t.a.	
	Cin	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>	<u>Address</u>	Type of Action
MGR	PAULA G WEBB	1311 SW 112TH ST	
		GAINESVILLE, FL 32607	■Remove
MGR	PAULA G WEBB, TRUSTEE	1311 SW 112TH ST	<b>=</b> Add
		GAINESVILLE, FL 32607	□Remove
			□Change
			□Add
			□Remove
			Change
			SECURETE STALLA
			三章 DRemove
			CAN Grhange
			Change
			□Add
			□Remove
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Effective date, if other than the date of an effective date is listed, the date must be spection. If the date inserted in this block doe document's effective date on the Department.	s not meet the appli	icable statutory fil	(op) more than 90 days aft ing requirements. th	t <b>ional)</b> er filing.) Pursuant to 605.0207 ( nis date will not be listed as t
record specifies a delayed effective date, t d is filed.	out not an effective	time, at 12:01 a.m	on the earlier of: (	(b) The 90th day after the
Dated AUGUST 29	. 2024	<del>. 1</del> ·		
Caula	XI.W.	abb		
Signatu	re of a member or aut	horized representati	ve of a member	
	PAULA G. WEBB	, MANAGER		

Filing Fee: \$25.00