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SECRETARY OF STATE
TALLAHASSEE, FI DORE



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## COVER LETTER

TO: Registration Se Division of Cor									
SUBJECT:	TERRA MIA	MI, LLC							
(Name of Limited Liability Company)									
The enclosed Articles of Amendment and fee(s) are submitted for filing.									
Please return all correspo	ndence concerning this matter	to the following:							
-	-	·							
	JOR	(Name of Person)							
		(Name of Person)	<del></del>						
		(Firm/Company)	<del></del>						
	1/5	ist CT 11/01							
	168 S.E.	15t ST. # 601 (Address)	<del></del>						
		(Address)	<del></del> }						
	MIAMI	, FL 33131							
		(City/State and Zip Code)	ARE TO TO						
For further information of	oncerning this matter, please ca	all·	EB 23 PH I2: 41 AHASSEE, FLORIDA hone Number)						
	oneoning and name, presses se		The second						
BEATRIZ	TOBAL	at (†86) 621 - 43.	35 FS N D						
(Name o	of Person)	(Area Code & Daytime Telep	hone Number)						
			**						
Enclosed is a check for the following amount:									
\$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	2\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)						

**MAILING ADDRESS:** Registration Section

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

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Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liabil	MIAMI LLC ity Company as it now appears on ou	r records.)	
(A Florid	a Limited Liability Company)		
The Articles of Organization for this Limited Liability Florida document number <u>L Q5 000 1200</u>		17 09 and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the li	mited liability company here:		
The new name must be distinguishable and end with the w "L.L.C."	vords "Limited Liability Company," the	designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:		<b>5</b>	
(Principal office address MUST BE A STREET ADI	ORESS)	<u> </u>	
		₹ 8 7	
		ASS	
F			
Enter new mailing address, if applicable:	<del></del>		
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		ords, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:			
	(Enter Florida street address)		
	, Florida		
	(City)	(Zip <sup>·</sup> 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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

Title	<u>Name</u>	Address	Type of Action
MGR	STEIN JORGE	168 SE 15 ST. SUITE GOI MIAMI FL 33 131	Add Remove
MGR	Diwidowicz	168 SE 1ST SUITE GOI MIAMI, FL 33131	Add Remove
			Add Remove
			Add Remove
			Add Remove
<del></del>			Add Remove
D. If amendin	ng any other information, enter change(s	s) here: (Attach additional sheets, if necessary.)	O9 FEB 23 PN 12: SECRETARY OF STALLAHASSEE, FLC
			23 PM 12: 41 FARY OF STATE ASSEE, FLORIDA
Dated	FEBRUARY 17th, 20	•	
_	Signature of a member of JURGE STEN	r authorized representative of a member printed name of signee	

Page 2 of 2

Filing Fee: \$25.00