L0700034131

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COVER LETTER

TO:	Registratio Division of	on Section Corporations		
		icon LLC		
SUBJE	:CT:	Name of Lir	mited Liability Company	
The end	closed Article	es of Amendment and fee(s) are su	bmitted for filing.	
		respondence concerning this matte		
T tease .	ician an con		v	
		Peter Scott Arno		
			Name of Person	
		Ruth Scott LLC		
		<u></u>	Firm/Company	
		13955 Ishnala Circle		
			Address	
		West Palm beach Florida	r	
			City/State and Zip Code	
		Fidmail@me.com		
		E-mail address:	(to be used for future annual report notifi	ication)
For fur	ther informati	ion concerning this matter, please	call:	
Peter S	Scott Arno`		561 236-8845	
	Na	ame of Person	at () Area Code Daytime	Telephone Number
Enclos	ed is a check	for the following amount:		
\$2: س	5.00 Filing Fe	\$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)
	Ro Di P.	IAILING ADDRESS: egistration Section ivision of Corporations O. Box 6327 allahassee, FL 32314	STREET/COURING Registration Section Division of Corpora Clifton Building 2661 Executive Certallahassee, FL 32	n ations nter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ruth Scott LLC	<u></u>		
(Name of the Limited Liabil (A Florid	ity Company as it now appears on our records.) da Limited Liability Company)		
e Articles of Organization for this Limited Liability (Company were filed on 3/30/2007	and assig	gned
rida document number L07000034131	<u></u> .		
s amendment is submitted to amend the following:			
If amending name, enter the new name of the lim	nited liability company here:		
o Terra - Eco Tourism Group LLC			
new name must be distinguishable and contain the words "Lir	mited Liability Company," the designation "LLC" or the abl	breviation "L.L	C."
nter new principal offices address, if applicable:			
rincipal office address MUST BE A STREET ADD	RESS)		
nter new mailing address, if applicable:			
failing address MAY BE A POST OFFICE BOX			
If amending the registered agent and/or regi	istered office address on our records, <u>enter</u>	the name o	
gistered agent and/or the new registered office ad	ures here.		(20
		<u></u>	ĄΡR
Name of New Registered Agent:			<u> </u>
New Registered Office Address:		<u> </u>	
TARITATION AND LINES IN THE TARITATION OF THE PARTY OF TH	Enter Florida street address	- ,-	द्यार
	, Florida	<u> </u>	
	City	Zip Code	e 1
m	and Aments	•	•

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 = M AMBR = A	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			Remove
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ffective date, if other than the date of filing: 4/16/8 (optional)	3383/4/2	APR IS
rective date, if the transfer and a smoothe prior to date of filing or more than 90 days after filing.)	SS :	APR - APR
an effective date is listed, the date must be specific and carmot be prior to date of ming of more than you days and interpretations. If the date inserted in this block does not meet the applicable statutory filing requirements, this date w	Sursuant to (ill not be	5020207 isted as
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Filing Fee: \$25.00