

LD9000071489

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

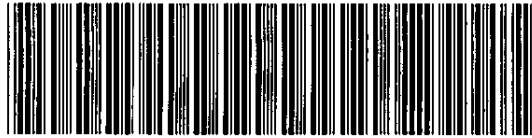
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 SEP 11 PM 1:49

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SEP 14 2009

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: Terra Property Management of S.F. LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joel E. Key

Name of Person

Terra Property Management of S.F. LLC

Firm/Company

1065 Belle Meade Island Drive

Address

Miami, Florida 33138-5251

City/State and Zip Code

joel.key@mindspring.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joel E. Key

Name of Person

at (305)

775-6924

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$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)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

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Terra Property Management of S.F. ^{SECRETARY OF STATE}
(Name of the Limited Liability Company as it now appears on our records, ^{TALLAHASSEE, FLORIDA}
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 07/24/2009 and assigned
Florida document number L09000071489.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

1065 Belle Meade Island Drive
Miami, Florida 33138-5251

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

1065 Belle Meade Island Drive
Miami, Florida 33138-5251

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Joel E. Key

New Registered Office Address:

1065 Belle Meade Island Drive

Enter Florida street address

Miami

Florida

33138-5251

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 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 Changing Registered Agent, Signature of New Registered Agent

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Adriana M. Garces	3175 N.W. 184th Street, Suite 3101 Aventura, Florida 333160	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Joel E. Key	1065 Belle Meade Island Drive Miami, Florida 33138-5251	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated September 08, 2009

Signature of a member or authorized representative of a member

Joel E. Key

Typed or printed name of signee