L09000089988

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Only/State/Zip/r Holle #)
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(Business Entity Name)
(Sasiness Entry Name)
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COVER LETTER

	Registration So Division of Cor			
CUD IE	TERRA M	ORTGAGE BANKERS, LLC		
SUBJEC	1:	Name of Lin	ited Liability Company	
		Amendment and fee(s) are sub	_	
riease ret	um au correspo	ondence concerning this matter	to the following:	
		TERRA	Name of Person	
		2665 s BAYSHORE DR.,	Firm/Company #1020	
		COCONUT GROVE, FL	Address 33133	
		Jhalli@terragroup.com and	City/State and Zip Code mromero@terragroup.com	<u> </u>
For furthe	r information c	E-mail address: (oncerning this matter, please ca	to be used for future annual report notificall:	cation)
May Ron			305 416-4556 ext. at ()	141
	Name o	f Person	Area Code Daytime	Felephone Number
Enclosed i	is a check for th	ne following amount:		
\$ 25.00	0 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

TERRA MORTGAGE BANKERS, LLC

FILED

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 293 00 2 5: 38 Florida document number ______L09000089988 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 designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address 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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Pedro Martin	2665 S Bayshore Dr., Suite 1020	
		Coconut Grove, FL 33133	= n
		2665 S Bayshore Dr., Suite 1020	П Сh
AR	Jayme Halli	Coconut Grove, FL 33133	
			Change
			□ Remove
			Change
			□ Remove
			□ Change
			Add
			Remove
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			□ Add
			Remove
			□ Change

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s date will not be listed as
a.m. on the earlier o

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00