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COVER LETTER

	Registration : Division of C		•			
CUD IEC	Terra Equ	uity Group LLC				
SUBJEC	· I · · · · · · · · · · · · · · · · · ·	Name of Limited Liability Company				
		of Amendment and fee(s) are sub	-			
Please rei	ium all corres	pondence concerning this matter Vinod Kulhari	to the following:			
			Name of Person			
		Terra Equity Group LLC				
		1779 N. University Drive.	Suite 203			
			Address			
		Pembroke Pines, FL 33024	1			
		kulhari@gmail.com	City/State and Zip Code			
			to be used for future annual report notif	ication)		
For furthe	er information	concerning this matter, please ca	all:			
Vinod K	ulhari		954 987-6879 at ()			
	Name	of Person	Area Code Daytime	: Telephone Number		
Enclosed	is a check for	the following amount:				
\$25.0	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 Equity Group LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 1.12000119912	were filed on September 19, 2012	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity 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)		<u> </u>
		自己
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		5
3. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		r the name of the n
Name of New Registered Agent:		
New Registered Office Address:	· · · · · · · · · · · · · · · · · · ·	
	Enter Florida street address	
·	, Florida	
	City	Zin 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 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>	Name	Address	Type of Action
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		Dublin 16 IE UN	■ Remove
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f an effe	ective date is liste	d, the date must b	e specific and ca	annot be prior to	date of filing or		after filing.) Pursu	
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			X I	1 VXV//				

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Typed or printed name of signee

Filing Fee: \$25.00