L12000140303

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SECRETARY OF STATE
SECRETARY OF STATE
ALLAHASSEF, FLORIDA

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COVER LETTER

TO: Registration So Division of Cor			
SUBJECT:	Teraj Enterprisi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Vincent Pre	Stiglace 5 9 Name of Person	
	TERAJ EMB	PRISES LLC. Firm/Company	
	202 NE	6 ⁴ n Avc Address	
	Delray F	Seach FL 3 City/State and Zip Code	3483
	E-mail address: (to be used for future annual report no	ification)
	oncerning this matter, please ca		
Vincent P	c-stigiacono	at (561) 342 Area Code Daytin	r-7828
Name o	f Person	Area Code Daytir	ne Telephone Number
Enclosed is a check for th	ne 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

(Name of the Limited Liability	Y Company as it now appears on Limited Liability Company)	our records.)
(A Florida	Limited Liability Company)	
The Articles of Organization for this Limited Liability Co	ompany were filed on12	- 26 - 2012 and assigned
Florida document number <u>L 12000160303</u>	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR.	ESS)	7 19 <u>19</u>
		707
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		9: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0:
		<u> </u>
B. If amending the registered agent and/or regist registered agent and/or the new registered office address agent and/or registered agent and/or the new registered office address agent and/or the new registered agent		r records, enter the name of the ne
New Registered Office Address:		
	Enter Florida s	reet address
	City	Florida Zip Code
New Registered Agent's Signature, if changing Registered	Agent:	,
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and co accept the obligations of my position as registered ag being filed to merely reflect a change in the registered company has been notified in writing of this change.	omplete performance of my ent as provided for in Chap	duties, and I am familiar with and ter 605, F.S. Or, if this document is
	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 addor removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AM	Raji Dababneh	7161 WEST GREENLEAG	🖸 Add
		NILFS, 12 60714	Remove
			Change
MA	THERESE BRICK	6747 WEST CALMUT	TOR□ Add
		LAKEWORTH FL 334	167 Remove
			Change
		25 25 25 25	Add:
			E Remove
		E CRIO	Change Add Remove Change
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Effective date, if other the date is listed, the Note: If the date inserted in document's effective date of the da	in this block does not	meet the applicab	cate of thing of more	(optio than 90 days after f quirements, this	ORIDA nal)	suant to	605.020 listed a
ocument's crective date v	on the Department of	State 5 records.					
e record specifies a c The 90th day after t			an effective time	e, at 12:01 a.	m. on	the ea	arlier of
Dated June 2	nd	. 2019					
	Signature of :	member m anthori	zed representative of a	member			_
	g.atore or t	The same of the sa					
	_	Typed or printed					

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Filing Fee: \$25.00