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(Re	questor's Name)	
(Ad	dr e ss)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
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COVER LETTER .

Division of Cor	porations		
SUBJECT: TE	FRRALIOUA HO	OLD/NGS LLC ited Liability Company	
	Name of 137m	ice manney 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:	
		Name of Person	
	<u> </u>	VA HOLDINGS Firm/Company	
	91 BRAN	SCOMB ROAD Address	# 11
	Marina -	City/State and Zip Code Otocle e yal to be used for future annual report notifi	32043
For further information c	oncerning this matter, please ca		icanon,
MARINA O		at (904) 759	-76 88
		·	·
Enclosed is a check for the	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

TO:

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

TERRANOVA HOLDINGS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on _	9/25/13	and as	signed
Florida document number <u>L 13 000 135 441</u> .		. ,		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company [<u>here</u> :		
The new name must be distinguishable and contain the words "Limited Liabil				
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the	designation "LLC" or th	e abbreviation "I	lC."
Enter new principal offices address, if applicable:				_
(Principal office address MUST BE A STREET ADDRESS)			19	52 - C _{1/}
			نے	0.00 kg
			_	951
Enter new mailing address, if applicable:		,	σ-	CONT
•				<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		_/		
		/ -	చ	<u> </u> 기
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		on our records, <u>ent</u>	er the name	of the
Name of New Registered Agent:				
New Registered Office Address:	Enter F	lorida street address		
		El (1		
	Z City	, Florida	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:	·		•	
Thereby accept the appointment as registered agent and agree		s canacity. I further	naroo ta cam	nlu with
Thereby decept the appointment as registered agent and agri-	ee av act in till	s capacity. Thirmer	agree to com	piy wun

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with 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

of removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			☐ Remove
			□ Change
		· · · <u> </u>	☐ Remove
	•		Change
			Add
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			Remove
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	,		☐ Change

D. If amending any other information, enter change(s) here: (Attach dadahand sheets, y hecessary.)
14
E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.
Dated <u>hey 28</u> <u>2019</u>
Signature of a member or authorized representative of a member
MARINA OTOOLE Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00