# 213000169233

(Req	uestor's Name)	
(Add	ress)	
(Addi	ress)	
(r taul	000,	
(City/	State/Zip/Phone #)	
PICK-UP	WAIT MAIL	
-		
(Busi	ness Entity Name)	
(Doc	ument Number)	
Certified Copies	Certificates of Status	
Special Instructions to Filing Officer:		
	3 APR - 9 2016	
	A. LUNT	
<u> </u>		

Office Use Only



200256602572

**200256602572** 02/13/14--01013--004 \*\*25.00

2014 APÀ -4 PH 2046 SELOTE DANY OF STÀTE



## FLORIDA DEPARTMENT OF STATE Division of Corporations

February 19, 2014

CARLOS MELENDEZ 2279 N. POINT DR. YORK, PA 17406

SUBJECT: TERRA GLOBAL LLC Ref. Number: L13000169233

We have received your document for TERRA GLOBAL LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Agnes Lunt Regulatory Specialist II

Letter Number: 314A00003775

### **COVER LETTER**

TO:	Registration Section
	Division of Corporations

SUBJECT: Terra Global 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:

# Carlos Melendez

Name of Person

Terra Global LLC

Firm/Company

2279 N. Point Dr.

Address

York, PA 17406

City/State and Zip Code

diacarmel@gmail.com

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

For further information concerning this matter, please call:

## Carlos Melendez

Name of Person

717, 825-657

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

Terra Global LLC	
(Name of the Limited Liability Company as (A Florida Limited Liabili	it now appears on our records.) ty Company)
The Articles of Organization for this Limited Liability Company were Florida document number <u>L13000169233</u> .	e filed on December 06, 2013 and assigned
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 C	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)	22
	AHASSA L
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	RATE <b>5</b>
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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member **Title** <u>Name</u> **Address** Type of Action 10142 Granite Bay Dr. Carlos D Melendez MGR **■** Add Orlando, FL 32832 □ Remove □ Add ☐ Remove \_□ Add □ Add ☐ Remove □ Add

2014 APR - 4 FH & 45

Page 3 of 3

Filing Fee: \$25.00