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Olvision of Corporations

Florida Department of State

Division of Corporations

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Fax Number Division of Corporations : (850)617-6383

From:

Account Number JORGE M CASTILLO CPA 120140600067

Account Name

Fax Number (305)275-0208

(305)275-0210

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN Certificate of Status TERRANOVA HOME REMODELING LLC

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COVER LETTER

TO:	Registration Sec Division of Corp	tion orations		
	TERRAN	OVA HOME REMODE	LING LLC	
SUBJE	.CI:	Name of Limi	ted Liability Company	
The en	closed Articles of A	mendment and fee(s) are subr	nitted for filing.	
Please	return all correspon	dence concerning this matter t	to the following:	
		Jorge Castillo CPA		
			Name of Person	
			Firm/Company	
		9190 Sunset Dr		
			Address	
		Miami FL 33173		
For fu	rther information oc	jorge@castillo-cpa.co	to be used for future annual report not	fication)
Jorg	e Castillo		305 305-3562	!
	Name of	Person	Area Code Daytim	e Telephone Number
Enclos	sed is a check for th	e following amount:		
□ \$2	25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	(additional copy is enclosed)
REGINE	S - S AN TO: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0:	NG ADDRESS: ation Section n of Corporations ox 6327 ssee, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Con Tallahassee, FL 32	on rations enter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TERRANOVA HOME REMODELING LLC

	OF AMENDMENT TO	5 7
ARTICLES OF	F ORGANIZATION OF	r records.
TERRANOVA HOME REMODELING		
(Name of the Limited Liability Co (A Florida Limi	mnany as it now appears on outed Liability Company)	r records.
he Articles of Organization for this Limited Liability Complorida document number L14000025665	any were filed on 02/13/2	
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited l	liability company here:	
erranova Homes By Trentin 444		
he new name must be distinguishable and end with the words "Limited	Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	5)	
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	·
t. If amending the registered agent and/or registere egistered agent and/or the new registered office address	d office address on our here:	records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		<u> </u>
	Enter Florida str	set address
		, Florida
	City	Zip Code
dew Registered Agent's Signature, if changing Registered Ag	rent:	

I hereby accept the appointment as registered agent and agree 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

Feb.	5.	2015	11:08AM	Connolly	Wasserstrom	Castillo	F
		20.3	1 1 4 6 6 1 11			4 4 4 4 1 1 1 1	•

No. 3186 F. 5

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 = M $AMBR = A$	lanager athorized Member		
<u>Title</u>	Name	Address	Type of Action
		····	□ Add
			□ Remove
			Add
	·		_ ☐ Remove
		<u> </u>	
			Add
			Remove
			Add
			☐ Remove
			CI Add
			C Remove
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Feb.	5. 201	5 11:08AM	Connolly V	Vasserstrom Castillo PA	4	No. 3186
If an	ending :	any other info	rmation, enter (ehange(s) here: (Attach additt	onal sheets,	if necessary.)
	******	<u></u>				
(The ei	ffective dat ate this doc	e must be specific, nument is filed by t	the date of filix cannot be prior to d he Florida Departme	ate of receipt or filed date and cannot		(optional) 0 days after
Date	d Febru	Jary 5	A	, 2015		
	E	nesto F Trer	•	member or authorized representativ	e of a member	······································
				Typed or printed name of signee		

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