## L14000085902

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EXAMINER

## **COVER LETTER**

TO: 'Registration Se Division of Co			
CUBIECT.	TER	RA 900 MIDTOWN LLC	
SUBJECT:	Name of Lin	nited Liability Company	<del></del>
	Amendment and fee(s) are sub	-	
Please return all correspo	ondence concerning this matter	to the following:	
		SAMUEL STRAUCH	
		Name of Person	· · · · · · · · · · · · · · · · · · ·
	L	EVEL 5 SERVICES, INC.	
		Firm/Company	
	168	0 MICHIGAN AVENUE # 1	024
		Address	Arra La
		MIAMI BEACH, FL 33139	
		City/State and Zip Code samuelstrauch@me.com	)V 26
	E-mail address: (	to be used for future annual report notif	ication)
For further information of	concerning this matter, please c	all:	SE
SAMUE	L STRAUCH	305 673-1160	Sin An
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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)
Regist Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURING Registration Section Division of Corpora Clifton Building 2661 Executive Cerea.	n ations

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TERRA 900	MIDTOWN LL	.C	
( <u>Name of the Limited Liability Company</u> (A Florida Limited Lia	as it now appears bility Company)	on our records.)	
The Articles of Organization for this Limited Liability Company w	ere filed on	05/28/2014	and assigned
Florida document numberL1400085902			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabili	ty company her	<u>e</u> :	
The new name must be distinguishable and end with the words "Limited Liabili	ty Company," the de	esignation "LLC" or the ab	obreviation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)			***1
		···································	
			E 2 1
Enter new mailing address, if applicable:			726
Mailing address MAY BE A POST OFFICE BOX)			Fig. 72 FA
			75 # <b>C</b>
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here:	ce address on	our records, <u>enter t</u>	the name of the n
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florid	la street address	
		, Florida	
	City	, 1 1011444	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 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 <u>Title</u> Name <u>Address</u> Type of Action MGR JOSE HENDY 1680 MICHIGAN AVE # 1024 .■ Add MIAMI BEACH, FL 33139 ☐ Remove MGR 1680 MICHIGAN AVE # 1024 BITTERSWEET □ Add HOLDINGS INC. MIAMI BEACH, FL 33139 ■ Remove BAILEY ENTREPRENEURS 1680 MICHIGAN AVE # 1024 CORP HOLDINGS INC MGR MIAMI BEACH, FL 33139 ☐ Remove □ Add □ Remove □ Add □ Remove

If amend	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	, ,
(The effective	date, if other than the date of filing:  we date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after is document is filed by the Florida Department of State)
Dated	November 24th // 2014 //
Dated	
	Signature of a member or authorized representative of a member
	SAMUEL STRAUCH
	Typed or printed name of signee

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Filing Fee: \$25.00