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| (Requestor's Name) |
| (Address) |
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| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Curinger Entity Name) |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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COVER LETTER

| TO: Registration Section Division of Corporations |
|---|
| SUBJECT: Terra Doral Commons Retail, 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: |
| Jennifer Ortiz Name of Person |
| Terra Firm/Company |
| 2665 S. Bayshore Drive, Suite 1020 |
| Coconut Grove, FL 33133 City/State and Zip Code Proin@te/Coorule.Com |
| E-mail address (to be used for future annual report notification) For further information concerning this matter, please call: |
| Jennifer Offiz at (305) 416-4556 Name of Person Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| \$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee. 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 Doral Coma | mons Retail, LC ility Company as it now appears on our reco da Limited Liability Company) | anda) |
|--|---|----------------------------------|
| (A Flori | da Limited Liability Company) | rus.) |
| The Articles of Organization for this Limited Liability Florida document number <u>L1400010097</u> | Company were filed on <u>June 2</u> | 3, 2014 and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the lin | nited liability company here: | |
| The new name must be distinguishable and contain the words "Li | mited Liability Company," the designation "L | LC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADD | ORESS) | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | 17. |
| | · | <u> </u> |
| B. If amending the registered agent and/or reg registered agent and/or the new registered office ad | istered office address on our recor <u>dress here</u> : | |
| | | 6. 1.3 |
| Name of New Registered Agent: | | <u> </u> |
| New Registered Office Address: | | |
| | Enter Florida street add | ress |
| | | FloridaZip Code |
| | City | Zip 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 Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

| AMBR = A | authorized Member | | |
|--------------|-------------------|---------------------------------|-----------------------|
| <u>Title</u> | Name | Address | Type of Action |
| | Jayme Halli | 2665 S. Bayshore Dr., Suite 10 | D JO □ Add |
| | | Coconut Grove, FL 33133 | TERemove |
| | | | Change |
| lanager | David Martin | 2665 S. Bayshore Dr., Suite 102 | |
| MGR | | Coconut Grove, FL 33133 | ☐ Remove |
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| ctive date, if other than the date of filing: effective date is listed, the date must be specific and cannot be g: If the date inserted in this block does not meet the ariment's effective date on the Department of State's reco | prior to date of filing plicable statutory | or more than 90 days | ptional) after filing.) Pu this date wil | irsuant to 605. I not be liste |
| record specifies a delayed effective date, but ne 90th day after the record is filed. | not an effecti | ve time, at 12:0 |)1 a.m. on | the earlie |
| od October 23 . 201 | 4 | | | |
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Filing Fee: \$25.00