L14000106392

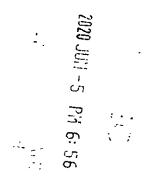
| (Requestor's Name) | | |
|---|--|--|
| (Address) | | |
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| (City/State/Zip/Phone #) | | |
| PICK-UP WAIT MAIL | | |
| (Business Entity Name) | | |
| (Document Number) | | |
| Certified Copies Certificates of Status | | |
| Special Instructions to Filing Officer: | | |
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| TO: | Registration Se Division of Cor | | | |
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| CHD 1E7 | Terra Essei | nce, LLC | | |
| SUBJEC | .1; <u></u> | Name of Lin | nited Liability Company | ······ |
| The encl | osed Articles of | Amendment and fee(s) are sub | omitted for filing. | |
| Please re | eturn all correspo | ondence concerning this matter | to the following: | |
| | | Samuel E Silva | | |
| | | | Name of Person | |
| | | | Firm/Company | |
| | | 14798 Twisted Tree Trail | | |
| | | | Address | |
| | | Palm Beach Gardens, FL 3 | 3418 | |
| | | ssilva@terraessence.com | City/State and Zip Code | |
| | | | to be used for future annual report not | ification) |
| For furth | er information c | concerning this matter, please c | alI: | |
| Samuel E Silva | | 561 906-9010 | | |
| | Name o | f Person | at () Area Code Daytin | ne Telephone Number |
| Enclosed | l is a check for the | he following amount: | | |
| □ \$ 25. | 00 Filing Fee | ■ \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | Mailing Address Registration 5 Division of C P.O. Box 632 | Section Corporations | Street Address: Registration Se Division of Co The Centre of T | rporations |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION JUN -5 PM 6: 56

| terra Essence, LLC | | <u></u> |
|---|---|--------------------------------------|
| (Name of the Limited Liability Compa (A Florida Limited | ny as it now appears on our Liability Company) | reçords.) |
| The Articles of Organization for this Limited Liability Company Florida document number L14000106392 | were filed on <u>07/03/2014</u> | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | ility company here: | |
| Tool Palm Beach, LLC | | |
| The new name must be distinguishable and contain the words "Limited Liabi | lity Company," the designation | n "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | 4170 Westroads Drive | |
| (Principal office address MUST BE A STREET ADDRESS) | Bay 2W | |
| | Riviera Beach, FL 33407 | |
| | | |
| Enter new mailing address, if applicable: | 4170 Westroads Drive | |
| (Mailing address MAY BE A POST OFFICE BOX) | Bay 2W | |
| | Riviera Beach, FL 33407 | |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: | address on our records, | enter the name of the new register |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florula street address | |
| | , Florida | |
| | Ciņ | Zıp Code |
| New Registered Agent's Signature, if changing Registered Agent: | | |
| I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete | | |

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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

| AMBR = Authorized Member | | | |
|--------------------------|-------------|------------------------------|----------------|
| Title | <u>Name</u> | Address 2020 JUN -5 PH 6: 56 | Type of Action |
| | | | □Add |
| | | | □ Remove |
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| Effective date, if other than | the date of filing: (optional) |
| I an effective date is listed, the dat Note: If the date inserted in the | e must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(his block does not meet the applicable statutory filing requirements, this date will not be listed as the |
| document's effective date on t | he Department of State's records. |
| e record specifies a delayed eff | ective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the |
| rd is filed. | |
| May 12th | 2020 |
| 12144 | |
| Dated | |
| Dated | Amakhor |

Typed or printed name of signee