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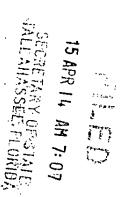
(Re	questor's Name)	<del>.</del>
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J. Shavers APR 2 A 7977

## **COVER LETTER**

TO: Registration Sec Division of Corp		
	et Ventures LLC	
SUBJECT:	Name of Limited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are submitted for filing.	
Please return all correspon	dence concerning this matter to the following:	
	Frank M. Chillura	
	Name of Person	
	Firm/Company	
	9732 N. 56th Street	
	Address	
	Temple Terrace Florida 33617	
	City/State and Zip Code	
	frank@martinochillura.com	
	E-mail address: (to be used for future annual report notification)	
For further information co	ncerning this matter, please call:	
Frank M. Chillura	813 239-4104	
Name of		
Enclosed is a check for the	e following amount:	
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status  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

56th Street Ventures LLC				
( <u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our re ited Liability Company)	cords.)		
The Articles of Organization for this Limited Liability Comp	any were filed on 09/03/201	4	and assig	gned
Florida document number L14000137507				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	liability company here:			
TERRACE PALAZZO LLC				
The new name must be distinguishable and end with the words "Limited	Liability 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	5)			
		_		
		<del>-</del>		
Enter new mailing address, if applicable:				<del></del> :
(Mailing address MAY BE A POST OFFICE BOX)	<del>,</del>			
			11	
B. If amending the registered agent and/or registere		ords, <u>enter</u>	the name o	of the ne
registered agent and/or the new registered office address	here:			
			12 S	4
Name of New Registered Agent:			- C A	
New Registered Office Address:			<u> </u>	177
	Enter Florida street a	ddress	SS F	Ender Ender
		_, Florida	Mo 🕦	(Sudder
	City		Zip Code	-
New Registered Agent's Signature, if changing Registered Ag	<u>(ent:</u>		22 0	ECHAPOPE .
I harahy account the appointment as registered agent and	daren to act in this canacity	I further a	nee to com	lo with th

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, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			☐ Remove
			Remove
			Remove
		Ally we higher to	
			□ Remove
			Add
		☐ Remove	
			Add
		***	Remove

. 11 amen	daing any other information, enter change(s) here: (Attach daditional sheets, if necessary.)
_	
_	
the date	ve date, if other than the date of filing:
Dated _	April 13, 2015
	Signature of a member or authorized representative of a member
	Frank M. Chillura
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF SHALE