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PAGE 01/05

9/11/2014

Division of Corporations

**L14000140921**

**Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet**

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H14000213746 3)))



H140002137463ABC

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

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

From:

Account Name : THERREL BAISDEN, P.A.  
Account Number : I20140000065  
Phone : (305)371-5758  
Fax Number : (305)371-3178

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

Email Address: dproenza@czarNIKOW.com

RECEIVED

14 SEP 11 AM 8:50

DIVISION OF CORPORATIONS  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
TERRUM INVESTMENTS, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

STATE OF FLORIDA  
DIVISION OF CORPORATIONS

14 SEP 11 AM 10:21

FILED

80.617.4383

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **TERRUM INVESTMENTS, 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:

**Debra Proenza**

Name of Person

Firm/Company

**51 SW 11th St., Apt. 1520**

Address

**Miami, FL 33130**

City/State and Zip Code

**DPROENZA@CZARNIKOW.COM**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Jonathan Feuerman**

Name of Person

at **305 371-5758**

Area Code

Daytime Telephone Number

Enclosed is a check for the 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)

**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

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2014 SEP 11 AM 10:21  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**TERRUM INVESTMENTS, LLC**

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on September 9, 2014 and assigned Florida document number L14000140921.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

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)

c/o Debra Proenza

51 SW 11th St., Apt. 1520

Miami, FL 33130

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

c/o Debra Proenza

51 SW 11th St., Apt. 1520

Miami, FL 33130

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

51 SW 11th St., Apt. 1520

Enter Florida street address

Miami

City

Florida 33130

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**

000.011.0787  
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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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_____	_____	_____	<input type="checkbox"/> Remove
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FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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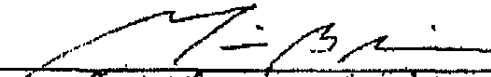
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated September 11 2014



Signature of a member or authorized representative of a member

**Mario Bolivar Ruiz**

Typed or printed name of signee

**FILED**

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CLERK OF STATE  
TALLAHASSEE, FLORIDA