Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

: BLACKLEDGER ENTITY MANAGEMENT LLC Account Name

Account Number : I20150000089 Phone : (305)444-8800 Fax Number : (305)444-4010

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

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TERRA'S GARDEN LLC

Certificate of Status	0
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company has been notified in writing of this change.

-305

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TERRA'S GARDEN ELC			
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records,) witty Company)	<del></del>	
The Articles of Organization for this Limited Liability Company w Florida document number L14000175463	ere filed on 11/12/2014	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability	ty company here:		
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the	abbreviation "L.L.C." ass	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		<i>P</i> :	
		.: <del>.</del> 2	
		P III	
Enter new mailing address, if applicable:		r w	
(Mailing address MAY BE A POST OFFICE BOX)		<u></u>	
	· · · · · · · · · · · · · · · · · · ·		
B. If amending the registered agent and/or registered office and/or the new registered office address here:	ce address on our records, <u>ent</u>	er the name of the new	
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·		
New Registered Office Address:			
	Enter Florida street address		
	, Florida		
	Ciņ	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as prheing filed to merely reflect a change in the registered office a	erformance of my duties, and I at ovided for in Chapter 605, F.S. C	n familiar with and Or, if this document is	

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	Name	Address	Type of Action
AMBR	Simon Fridmann	611 NE 170TH STREET	
		NORTH MIAMI BEACH, FL	■ Remove
		33162	□ Change
MGR	Abraham Florans	1665 NW 102nd Ave, Suite 101	■ Add
		Doral, FL 33172	□ Remove
			Change
MGR	Rivea Fridmann	1665 NW 102nd Ave, Suite 101	≅ Add
		Dora!, FL 33172	□ Remove
			Change
			Add
			□ Rетоve
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			un 90 days after filing.) Pursuant ( puircinents, this date will not b	io 605.020 e listed a
ocument's effective c	ate on the Department of State's re	cords.		
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June 7			•	
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