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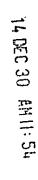




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COVER LETTER

TO: Registration So Division of Cor			
TERRA	CONSERVATION GRO	UP, LLC	
SUBJECT:	Name of Limi	ited Liability Company	
The england Amilian of	· A	unitered from filters	•
	Amendment and fee(s) are sub-	_	
Please return all correspo	ondence concerning this matter	to the following:	
	WILLIAM F LAWLER	२	
		Name of Person	
	TERRA LAND GRO	UP, LLC	
	Firm/Company		
	3505 CEDAR LANE	DR	
		Address	
	TALLAHASSEE, FL	32312	
		City/State and Zip Code	4 DEC 30
	WILL@TERRALAND	OGROUP.COM to be used for future annual report notification)	
For further information of	concerning this matter, please co	·	
WILLIAM F LAWL		850 556-1280	AN III: 54
	of Person	at ()	none Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regist	LING ADDRESS: ration Section on of Corporations	STREET/COURIER AD Registration Section Division of Corporations	DDRESS:
P.O. B	Sox 6327	Clifton Building	

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TERRA CONSERVATION GROUP, 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 DECEMBER 05, 2014 and assigned Florida document number L14000186316 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

Florida

Ziv Code

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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	JOHN A RUSSELL	8114 HOLLY RIDGE TRAIL	_ _ A dd
		TALLAHASSEE, FL 32312	Remove
AMBR	WILLIAM F LAWLER	3505 CEDAR LANE DR	= Add
		TALLAHASSEE, FL 32312	☐ Remove
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		(optional)
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he effective date must be specific, cannot be prior to date the date this document is filed by the Florida Department	of receipt or filed date and cannot be more of State)	
Dated,	of receipt or filed date and cannot be more of State)	than 90 days after

Page 3 of 3

Filing Fee: \$25.00

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