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COVER LETTER

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TO: Registration Se Division of Cor			
SUBJECT: TE	RRA JARDIN 3	Y DESIGN LLC	
	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	MARCO	Name of Person	
		Name of Person	
	ECUA	Firm/Company	
		Firm/Company	
	LODI BRICKELL	BAT DRIVE SUITE Address	<u> </u>
	MIAMI FL	City/State and Zip Code Solve State and Zip Code Solve State and Zip Code (to be used for future annual report not	
		City/State and Zip Code	
	MARCELFERM	DD D YAHOO.COM	(fignting)
			neation)
For further information co	oncerning this matter, please c	all:	
MARCEL D.	TERAUD	at (305) 773 Area Code Daytir	6740
Name of	Person	Area Code Daytim	e Telephone Number
Enclosed is a check for th	e following amount:		
\$25.00 Filing Fee	왕30.00 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

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

(Name of the Limited Liability Company as it n (A Florida Limited Liability C	ow appears on our records.) Company)
The Articles of Organization for this Limited Liability Company were file	ed on and assigned
Florida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability con	npany here:
The new name must be distinguishable and contain the words "Limited Liability Comp	any," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>
	· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:	<u> </u>
Mailing address MAY BE A POST OFFICE BOX)	200 7
3. If amending the registered agent and/or registered office address here:	dress on our records, enter the name of th
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida

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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MORM	PAMJALIL ENTERASSIFIC	1001 BRICKELL BAJ DRIVE	[ii]Add
		SUITE 1200	Remove
		MIAMI , FL 33131	Change
			Add
			<u></u> ∰Remove
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The 90th day after the			t not an en	scrive time, a	10 12.01 8.1	ii. Oii tii	e earner c
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	(()		VIVXX91-	1/1			
	Signature	of a member or	authorized repri	esentative of a me	mher		

Page 3 of 3

Filing Fee: \$25.00