

L15000 134097

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

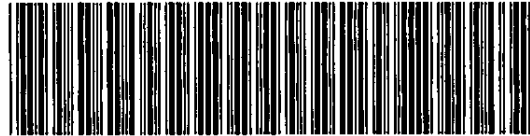
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800277118708

09/16/15--01018--011 **25.00

FILED
2015 OCT -5 AM 10:40
SECRETARY OF STATE
TALLAHASSEE FLORIDA

OCT 06 2015
J. HARRIS

Randy Lane

9025 Enchantment Dr.

Largo, FL 33773

Phone:

314-565-7950



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 17, 2015

TERRAH PROPERTIES LLC
PO BOX 286
TARPON SPRINGS, FL 34688

SUBJECT: TERRAH PROPERTIES LLC
Ref. Number: L15000134097

We have received your document for TERRAH PROPERTIES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

A post office box is not an acceptable address for the registered agent.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris
Regulatory Specialist II

Letter Number: 915A00019681

RECEIVED

15 OCT -5 PM 3:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 OCT -5 AM 10:40

FILED

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION

314-565-7950

OF

Phone #

Terrah Properties LLC 314-565-7950

(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 8-6-2015 and assigned
Florida document number L15000134097

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

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)

9025 Enchantment Dr

~~PO Box 286~~

~~Tarpon Springs FL~~ Largo FL

~~34688~~ 33773

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:

~~PO Box 286~~ 9025 Enchantment

Enter Florida street address

Largo FL

~~Tarpon Springs~~ Florida

City

33773

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

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Randy Lane	1440 Riverside Dr. Tarpon Springs FL 34689	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Randy Lane	9025 Enchantment Dr Largo FL 33773 140226 Tarpon Springs FL 34689	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	Reginald Arthur	9025 Enchantment Largo FL 33773	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
AMBR	Reginald Arthur	9025 Enchantment Largo, FL 33773	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 OCT - 5 AM 10:10

11

[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated Sept 3, 2015

Signature of a member or authorized representative of a member

Typed or printed name of signee

2015 OCT -5 AM 10:40
SECRETARY OF STATE
TALLAHASSEE FLORIDA