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(Re	equestor's Name)	
(Ac	ldress)	
- (Ác	ddress)	
(Ci	ty/State/Zip/Phone	e #)
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(Bu	siness Entity Nan	ne)
(Dx	ocument Number)	
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SECRETARY OF STATE SECRETARY OF STATE PROPERTY OF CORPORATIONS

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COVER LETTER

TO: Registration S Division of Co				**
SUBJECT:T	ERRANOVA T	ted Liability Company	LC	-
The enclosed Articles o	f Amendment and fee(s) are subr	mitted for filing.		
Please return all corresp	ondence concerning this matter t	to the following:		
	Angei	Name of Person		
	Terrano	ra Fluoring Firm/Company	g LLC	_
	17396 SW	O 142 CT Address		_
	Miami	FL 33177 City/State and Zip Code		_
	Terranovação o E-mail address: (to	o be used for futural annual rep	oort notification)	
For further information	concerning this matter, please ca	11:		
JHGJHGJKHGKKK Name	Argyl Parez	at (<u>305</u>) <u>G</u> Area Code	184 2499 Daytime Telephone Numb	per
Enclosed is a check for t	the following amount:			
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	ed) Certific	Filing Fee, cate of Status & ed Copy nal 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

Terranova Fluoria	ne LLC			
(Name of the Limited Liability Compa (A Florida Limited 1	ny as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company Florida document number	were filed on <u>8/14/2018</u>	_ and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbre	eviation "L.L.C."		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)	22902 SW 113CT	æ ¥IS SE		
	Hiami FL 33170	000 000 000 000 000 000 000 000 000 00		
		17 F CO		
Enter new mailing address, if applicable:		- 19		
(Mailing address MAY BE A POST OFFICE BOX)	22907 SW 113CT	<u> </u>		
	Hiami FL 33170	<u>ਯ</u>		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent:		e name of the nev		
New Registered Office Address:				
The Programme of the Pr	Enter Florida street address			
	Florida			
	City	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 accept the obligations of my position as registered agent as publication being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am fan provided for in Chapter 605, F.S. Or, if i	niliar with and 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			☐ Remove
			Change
			
			□ Remove
			Change
			
			☐ Remove
			□ Change
			
			Remove
		<u> </u>	Change
			Add
		<u> </u>	Remove
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reffective date is listed, the term of the date inserted it	han the date of filing: _ date must be specific and can in this block does not meet on the Department of State	not be prior to date the applicable sta	of filing or more than attutory filing requi	(optional) n 90 days after filing.) I rements, this date w	'ursuant to 6 ill not be li	605.020 isted a
record specifies a c he 90th day after t	delayed effective date the record is filed.	e, but not an e	effective time,	at 12:01 a.m. oi	i the ear	lier c
oc/14/80 bo	, <u>18</u>				-	
	(-)		$\overline{}$			
	Signature of a mem	ber or authorized to	presentative of a me	ember		

Page 3 of 3

Filing Fee: \$25.00