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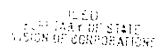
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#### **COVER LETTER**

	vision of Cor			
SUBJECT:	Fidelis Cons			6
SOBILCT.		Name of Lim	ited Liability Company	's N
The enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retur	n all correspo	ndence concerning this matter	to the following:	
		Brian Kirimdar		
		-	Name of Person	<del></del>
		Fidelis Consulting LLC		
			Firm/Company	
		10437 Greendale Drive		
			Address	<del></del>
		Tampa FL 33626		
			City/State and Zip Code	
		BrianKirimdar@gmail.com		· · ·
r - c - 1			to be used for future annual report notific	ation)
		oncerning this matter, please c		
Brian Kirin			917 902-4730 at ()	Telephone Number
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is	a check for th	ne following amount:		
□ \$25.00	Filing Fee	S30.00 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)
/ Ro Di P.	ailing Addressegistration Sivision of CO. Box 632	Section Forporations	Street Address: Registration Sect Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL 3	orations Ilahassee Street, Suite 810

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



19 NOV 25 PM 4: 40

Fidelis consulting LLC	
( <u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears on our records.)  (Limited Liability Company)
The Articles of Organization for this Limited Liability C	Company were filed on 1/11/2016 and assigned
Florida document number L16000006805	·
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limi	ited liability company here:
Terra Advisory LLC	
The new name must be distinguishable and contain the words "Lim	ited 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 ADDR	RESS)
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, enter the name of the new registere
Name of New Registered Agent:	
New Registered Office Address:	
	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 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
CEO	Greg Tyshynski	10437 Greendale Drive, Tampa Fl. 33626	□Add
			Remove
			□Change
		<del></del>	🗆 Add
			□Remove
			□Add
			□Remove
			□Change
			🗀 Add
			□Remove
			□Change
			□Add
			□Remove
		-1	□Change
			□Add
			□Remove
			□Ch

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Effective date, if other than the da (If an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Department.	e specific and cannot be prior to o k does not meet the applicabl		
the record specifies a delayed e ) The 90th day after the record		in effective time, at 3	12:01 a.m. on the earlier of:
November 22	. 2019		
Dated			
8. S. K. L. 1. 3	K		
8. S. K. L. 1. 3		ed representative of a member	er

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Filing Fee: \$25.00