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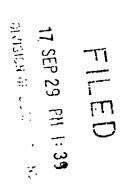
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: DOUGLAS AND TERRAS LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
NEIL DOUGLOS Name of Person
Name of Person
DOUGLAS AND TERRAS LLC Firm/Company
Firm/Company
1617 SILVER ST Address
Address
JACKSONVILLE FL 32206
City/State and Zip Code
AHCKSONVILLE FL 37206 City/State and Zip Code Ntdouglas @ adl. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
NEIL DOUGLAS at (904) 753-5537 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Scrifficate of Status Scriffied Copy (additional copy is enclosed) \$25.00 Filing Fee Certificate of Status Scriffied Copy (additional copy is enclosed) \$25.00 Filing Fee Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Section Registration Section
Corporations Division of Corporations
Clifton Building
Clifton Building
Clifton Building
Clifton Building

2661 Executive Center Circle Tallahassee, F1, 32301

STREET/COURIER ADDRESS:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DOUGLAS AN	DTERRAS LLC	· · · · · · · · · · · · · · · · · · ·
(Name of the Limited	Liability Company as it now appears on our recort Florida Limited Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Lia	bility Company were filed on $\frac{1/1/2}{}$	
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of the new name must be distinguishable and contain the world in the		7 SEP 7 1
N/D		2 2 [
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designation "LL	C" or the abbreviation "L.E.C."
Enter new principal offices address, if applical	ole:	
(Principal office address MUST BE A STREET	ADDRESS)	<u>ن</u> س
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u> </u>	
B. If amending the registered agent and/o registered agent and/or the new registered offi		ds, enter the name of the new
Name of New Registered Agent:	N/12 -	
New Registered Office Address:		
	Enter Florida street addr	er.
		lorida
	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.

> NA 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> **Type of Action** 6 CARLTON CEMETERY RY Add SCOTT MEENA AMBR ☐ Remove KINGSLAND GA 31548 _□ Add ☐ Remove _□ Change ☐ Add 子 - DAdd -☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove □ Change

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te: If the date inserted	in this block does not m	neet the applicable sta	of filing or more than 90 of statory filing requirem	lays after filing.) Pursua ents, this date will no	t be listed as
cument's effective date	on the Department of S	tate's records.			
record specifies a	delayed effective d	late, but not an e	effective time, at 1	2:01 a.m. on the	e earlier of
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	Signature of a n	nember of authorized re	presentative of a member	г	

Page 3 of 3

Filing Fee: \$25.00