

L17000029815

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

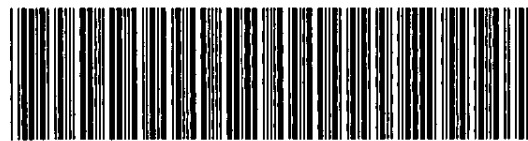
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800296039688

03/02/17--01005--017 **25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR -2 P 1:29

FILED

S Warren
MAR 03 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TERRA BROKERS 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:

FERDINAND TORO
Name of Person
MIAMI ACCOUNTING & TAX GROUP LLC
Firm/Company
1990 EAST COUNTRY CLUB DRIVE, SUITE 218
Address
AVENTURA, FLORIDA 33180
City/State and Zip Code
FERDINAND@MIAMITG.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

FERDINAND TORO at 786 298-4753
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 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**

TERRA BROKERS LLC

(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 02/07/2017 and assigned Florida document number L17000029815.

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 "L.L.C."

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)

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:

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

FILED
MAR - 2 1:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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>
MMGR	PAULA C SANTAMAVIA RODRIGUEZ	3401 NORTH COUNTRY CLUB DRIVE	<input type="checkbox"/> Add
		APT 214	<input checked="" type="checkbox"/> Remove
		AVENUE/A, FL 33180	<input type="checkbox"/> Change
MMGR	SANTSUN ENTERPRISE LLC	3401 NORTH COUNTRY CLUB DRIVE	<input checked="" type="checkbox"/> Add
		APT, 214	<input type="checkbox"/> Remove
		AVENUE/A, FL 33180	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add

FILED
 2011 MAR - 2 P 1:29
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Lined area for amending information.

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated FEBRUARY 10 2017

Handwritten signature of YANNET LUCERO CASTANEDA

Signature of a member or authorized representative of a member

YANNET LUCERO CASTANEDA

Typed or printed name of signee

FILED
017 MAR -2 P 1:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA