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COVER LETTER

TO: Registration Sect Division of Corpo			
SUBJECT:R	TERRA LL C Name of Limit	ed Liability Company	
The enclosed Articles of A	mendment and fee(s) are subm	nitted for filing.	
Please return all correspond	dence concerning this matter to	o the following:	
	R	CHELI MURARI Name of Person	
		R. FERRA LLC Firm/Company	
	401 69 + 1	Struct API711	
	MIAM BEA RICHELLOBJERF E-mail address: (to	City/State and Zip Code 24 HeTCIS Com o be used for future annual report notific	ation)
For further information co	ncerning this matter, please cal	11:	
RICHELI Name of	M URAR	at (954) 326 7 Area Code Daytime	7-141 Telephone Number
Enclosed is a check for the S25.00 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

(Name of the Limited Liability Comp.	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L}{12000256828}$.	
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liab	bility company here:
The new name must be distinguishable and contain the words "Limited Liab	ility 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)	RICHELIOR TERRAHERBS COM
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address he	office address on our records, enter the name of the new re:
Name of New Registered Agent: Riche New Registered Office Address: Hol 66 Mami	LI MURARI 14 Speet APt 211 Enter Florida street address Brach Florida 33141 City Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>t:</u>
I hereby accept the appointment as registered agent and ag	ree to act in this capacity. I further agree to comply with the

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

provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and

If amending or removed f	Authorized Person(s) authorized to maron our records:	anage, enter the title, name, and address of each	person being added
MGR = Ma	anager athorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MER	BROUZINI, SONYA	NOO SUNNY ISLES POLUTO	
		UNIT 1503 SUNNY ISLES	Remove
		Beach FL 33160	Change
AMPIL BRONZINI SON	BRONZINI SONYA	400 SUNNY 15LESBLUT)□ Add
		UNIT 1503, SUNNU ISLE	Remove
		Beach, FL 33160	Change
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<u>te:</u> If the dat	if other than the is listed, the date must e inserted in this blo ctive date on the De	ock does no	t meet the applic	able statut	ling or more ory filing re	than 90 days quirements	optional) after filing.) Pr , this date wi	rsuant to 605.0. Il not be listed
	ecifies a delayed ay after the reco			ot an effe	ective tim	e, at 12:0	01 a.m. on	the earlier
ed <u> 5</u> -	03 201	3	-·	5				
		Signature of	a member or auth	norized repre	esentative of	a member		
		-						

Page 3 of 3

Filing Fee: \$25.00