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SECRETARY OF STATE TALLAHASSEE, FLORIDA

N COOPER APR 1 0 2019

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJI	ECT: TERRANTY LLC Name of Limited Liability Company
The en	closed Articles of Amendment and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Monica Ozores-Hangton Named Person
	Firm/Company
	12 Century LN
	MiAni Beach FL 33139
	MiAni Beach FL 33139 City/State and Zip Code MOZORES BANDTON & Bell South Net E-mail address: (to be used for future annual report notification)
For furt	ther information concerning this matter, please call:
401	Name of Person at 305, 318-9949 Area Code Daytime Telephone Number
Enclose	ed is a check for the following amount:
\$25	Certificate of Status □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status □ \$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

TERRAI	Uutri LLC	
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on o Limited Liability Company)	ur records.)
The Articles of Organization for this Limited Liability Co. Florida document number	ompany were filed on <u>MA</u> 76726	26,26,18 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		TALL 18
(Principal office address MUST BE A STREET ADDR	<u>ESS)</u>	A ARE
•		7 A A A A A A A A A A A A A A A A A A A
		PA
Enter new mailing address, if applicable:		- PST
(Mailing address MAY BE A POST OFFICE BOX)		AATE
,		
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida str	reet 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 Type of Action **Address Title Name** Honica Ogoes-Harpton ☐ Change □ Add ☐ Remove ☐ Change □ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change

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ective date, if a effective date is te: If the date in cument's effective	serted in this b	olock does not i	meet the appl	icable statutor	2012 ng or more than ry filing require	90 days after fili	ng.) Pursuant te	o 605.020 : listed a
record speci he 90th day	ies a delaye after the re	ed effective of cord is filed.	date, but n	ot an effec	tive time, a	t 12:01 a.m	n. on the e	arlier o
ed APr	, L 3,	2018/	9					
		X		<u> </u>				

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Filing Fee: \$25.00