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## **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT: TERRAN CARPE	UTRY LLC	
	ited Liability Company	
The enclosed Articles of Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspondence concerning this matter	to the following:	
JUAN R	FERRAN	
	Name of Person	
, TERRAN	Firm/Company	
	Firm/Company	
1531 Dre	xel Dd Lot 318	
	Address	
west Palm	Beach Fl 33417	
1	City/State and Zip Code  Cerron & hot mail com  to be used for future annual report notification)	
- Juan -	to be used for future annual report notification)	
For further information concerning this matter, please co	all:	
0 =	CC1 Q19.1981	
Name of Person	at (561) 818 - 1884 Daytime Telephone Number	
Enclosed is a check for the following amount:		
\$25.00 Filing Fee \$\Boxed{\subseteq}\$\$ \$25.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ Certified Copy	
	(additional copy is enclosed)	
MAILING ADDRESS:	STREET/COURIER ADDRESS:	
Registration Section Division of Corporations	Registration Section Division of Corporations	
P.O. Box 6327 * Tallahassec, FL 32314	Clifton Building 2661 Executive Center Circle	
	Tallahassee, FL 32301	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

+ & 1212 DA C C DI 2	PENTRY LUC	<u> </u>
( <u>Name of the Limited Liability Compar</u> (A Florida Limited L	<u>ty as it now appears on our recor</u> Jability Company)	<u>(ds.</u> )
The Articles of Organization for this Limited Liability Company Florida document number <u>L 18 000 173732</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	<u> </u>
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		AUS - I I I I I I I I I I I I I I I I I I
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	fice address on our record :	is, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre	'XX
<u> </u>		lorida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agents		

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with 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

L'amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being addof removed from our records: MGR = Manager AMBR = Authorized Member **Type of Action** <u>Title</u> <u>Name</u> Address 156 Caribe Ct DANIEL R GUILLEN DHBR **⊠** Add Granacros FL 33413 ☐ Remove \_□ Change □ Add ☐ Remove \_□ Change □ Add \_□ Remove **P**Change ₫ Add= Rentove

Change □ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change

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	8: 1-8 
Effective date, if other than the date of filing: 8/1/2019  If an effective date is listed, the date must be specific and cannot be prior to date of filing or monophisms. If the date inserted in this block does not meet the applicable statutory filing document's effective date on the Department of State's records.	ore than 90 days after filing.) Pursuant to 605,0207
ne record specifies a delayed effective date, but not an effective ti The 90th day after the record is filed.	ime, at 12:01 a.m. on the earlier of
Dated 7/29/2019	
Signature of a member or authorized representative	
Signature of a member or authorized representative	of a member
JUAN R FERRA  Typed or printed name of signee	<b>A</b>

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Filing Fee: \$25.00