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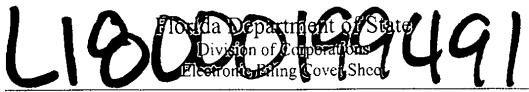
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TO:18506176383 FROM:4073703120

Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LARSON ACCOUNTING AND CONSULTING SERVICES LLC

Account Number : I20160000067 Phone : (407)370-3686 Fax Number : (407)370-3120

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: CAROLE LARSONACE. COM

## ELLC AMND/RESTATE/CORRECT OR M/MG RESIGN

## TERALIFE LLC

Certificate of Status	1
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S. PRATHER

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TERALIFE LLC				프 중심 :
(Name of the Limit	ed Liability Comp (A Florida Limited	any as it now appears or Liability Company)	our records.)	On 3
The Articles of Organization for this Limited L Florida document number	iability Company	y were filed on08/2	0/2018	and assigned
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name o				
The new name must be distinguishable and contain the venture new principal offices address, if application of the contain the venture of the principal office address MUST BE A STREET	able:	N/A	nation "LLC" or the abi	oreviation "L.L.C."
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	N/A		
B. If amending the registered agent and/or agent and/or the new registered office address		address on our reco	rds, enter the nam	e of the new registered
Name of New Registered Agent:	N/A		····	
New Registered Office Address:	N/A	F. W. St. U.		
		Enter Florida	sireel address	
	N/A		, Florida <u>^</u>	I/A
		CiNi		Zin 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

Page: 3 12/13/2021 11:19 AM TO:18506176383 FROM:4073703120

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>	Address	Type of Action
AMBR	DAVID ANDREY DOS SANTOS	5950 LAKEHURST DRIVE, SUITE 249	
		ORLANDO, FL 32819	
			□Change
		<del></del>	□Add
		<del></del>	Петюче
			□ Change
			🖸 Add
			🗆 Remove
			□Change
<del></del>			🗆 Add
			□Remove
			Change
			🗆 Add
			□Remove
			Change
			🖸 Add
			Remove
			□ Change

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