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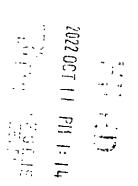
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COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Division of	Corporations					
	TH TERRACE, LLC					
WBJECT: Name of Limited Liability Company						
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.				
Please return all corre	spondence concerning this matter	to the following:				
	PETER BATTY					
		Name of Person				
		Firm/Company				
	912 GEORGIA ST.					
	KEY WEST FL 33040	Address				
		City/State and Zip Code	· 			
	pbattytarm@gmail.com	ony chart and Dip troop				
	E-mail address: (to be used for future annual report noti	ification)			
For further information	on concerning this matter, please c	all:				
PETER BATTY		305 797-0656				
Name of Person		at () Area Code Daytim	ne Telephone Number			
Enclosed is a check f	or 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			
<u>Mailing Ado</u> Registratio		Street Address: Registration Se	ction			
Registration Section Division of Corporations		Division of Corporations				
P.O. Box 6327		The Centre of Tallahassee				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1201 17TH TERRACE, LLC		2022 OCT	11 80
(Name of the Lim	ited Liability Company as it now appea (A Florida Limited Liability Company)	rs on our records.)	
	(,,,,,o,,da tsm,,ca establing company)	124	7
ne Articles of Organization for this Limited I	Liability Company were filed on $\frac{01}{2}$	/23/2019	and assigned
orida document number L19000024052			
nis amendment is submitted to amend the fol			
. If amending name, enter the new name o	of the limited liability company h	ere:	
ne new name must be distinguishable and contain the	words "Limited Liability Company," the	designation "LLC" or the a	bbreviation "L.L.C."
nter new principal offices address, if appli	cable:	·····	
Principal office address MUST BE A STRE	ET ADDRESS)		
nter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE	<u> </u>		
. If amending the registered agent and/or	registered office address on our	records, enter the nan	ne of the new registo
gent and/or the new registered office addre	ess here:		
Name of New Registered Agent:	PETER BATTY		
	912 GEORGIA ST.		
New Registered Office Address:		orida street address	
	KEY WEST		3040
	City	, Florida ³³	Zip Code
	City		****

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 Chapging Registered Agent, Signature of New Registered Agent

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 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 OCTUBE Signature of a member or authorized representative of a member PETER BATTY

Typed or printed name of signee