L19000082415

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





700331551217

D7/17/19---01009--089 *+25.00



Amend

JUL 24 7019 LALBRITTON

COVER LETTER

то:	Registration Se Division of Cor			
ou n i		N ULTRA, LLC		
SORI	ECT:	Name of Lim	ited Liability Company	
The e	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	e return all correspo	ndence concerning this matter	to the following:	
		OLGA T ANDRADE RIO	s	
			Name of Person	
		TERRAN ULTRA, LLC		
			Firm/Company	
		6554 STONEHURST CIR	CLE	
			Address	
		LAKE WORTH, FL 3346	7	
		MICHAEL.TERRAN@TE	City/State and Zip Code RRANCORPORATION.COM	
		E-mail address: (to be used for future annual report notif	ication)
For fu	rther information co	oncerning this matter, please co	all:	
OLG	A T ANDRADE RI	os	954 607 7466	
	Name of	Person	at () Area Code Daytime	: Telephone Number
Enclo	sed is a check for th	e following amount:		
□ \$3	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)

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



TERRAN ULTRA, LLC			
(<u>Name of the Limited Lial</u> (A Flor	bility Company as it now appears of rida Limited Liability Company)	our records.)	
The Articles of Organization for this Limited Liability	Company were filed on03/	14/2019	and assigned
Florida document number P19000023728			
This amendment is submitted to amend the following	:		
A. If amending name, enter the new name of the li	mited liability company here:		
"he new name must be distinguishable and contain the words "I	imited Liability Company," the design	nation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET AD	DRESS)		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
3. If amending the registered agent and/or reg	-	ır records, <u>ente</u>	r the name of the
registered agent and/or the new registered office a	ddress here:		
Name of New Registered Agent:	· · · ·		
New Registered Office Address:	(2) (2) (3)		
	Enter Florida	street address	
	/"··	, Florida _	21. 6. 1.
	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	MICHAEL S TERAN ANDRADE	Ignacio Bossano E10-50 y Av. 6 de Diciembre	■ Add
		Colinas del Batan #4B	Aud
		Quito, PI EC170-516 EC	Remove
		Quito, F1 EC170-516 EC	☐ Change
			Add
			Remove
			Change
			□ Remove
			Change
		☐ Remove	
		Change	
		Remove	
			Change
			Add
			Remove
			□ Change

	
	-
	
(If an ei Note:	fective date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	JUNE 27 2019 Of La / Chica Int M Dool 12
	Signature of a member or authorized representative of a member
	OLGA T ANDRADE RIOS

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00