L19000172939

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AUG 14 2019 S. YOUNG

SECONTACT OF STATE 19 MIG: 54

COVER LETTER

Divisio	on of Corpo	orations		
CLID IDAT.		ed Liability Company		
SUBJECT:		Name of Limit	ed Liability Company	
The enclosed A	rticles of Ar	mendment and fee(s) are subm	nitted for filing.	
Please return all	l correspond	lence concerning this matter to	o the following:	
		Carl I, Nickel		
			Name of Person	
		Ter-Ran Limited Liability C	Company	
			Firm/Company	
		P O Box 2325 9220 Bonita Beach Road R	LM 204	
		D '- C ' DI 24122	Address	
		Bonita Springs, FL 34133		
		nickelcpa@aol.com	City/State and Zip Code	
		E-mail address: (to	be used for future annual report notifica-	ation)
For further info	rmation con	cerning this matter, please cal	1:	
Carl I. Nickel			239 273 5078 at ()	
	Name of P	erson	Area Code Daytime T	elephone Number
Enclosed is a ch	neck for the	following amount:		
■ \$25.00 Filin	ng 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:

TO:

Registration Section

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

Ter-Ran Limited Liability Company		
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our rec nited Liability Company)	ords,)
The Articles of Organization for this Limited Liability Comμ	pany were filed on July 19, 2019	and assigned
Florida document number L19000172939		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "I	I.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES.	<u>s)</u>	
Enter new mailing address, if applicable:		All All TI
Mailing address MAY BE A POST OFFICE BOX)	 	-9 -9 -9
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		000 00
3. If amending the registered agent and/or registered	ed office address on our reco	rds, enter the name of the n
registered agent and/or the new registered office address	s nere:	
Name of Name Produced Assess		
Name of New Registered Agent:		
New Registered Office Address:		,
	Enter Florida street add	aress —
		Florida Zip Code
	City	Zip Coae

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	THERESA NICKEL HUNT		□ Add
		705 E. STATE STREET UNIT D TRAVERSE CITY, MI 49684	■ Remove
	DANIDALI C NICKU		☐ Change
MGR	RANDALL C. NICKEL		
		W290 N6238 HAWKS LANDING HARTLAND, WI 53029	Remove
			Change
			Add
			Remove
			Change
			D Add
			Remove
			Change
			Add
			Remove
			☐ Change
			Add
			☐ Remove
			□ Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an ei	tive 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 a 90th day after the record is filed.
Dated	August 6, 2019.
	and ordered
	Signature of a member or authorized representative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00