

L19 000 262263

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

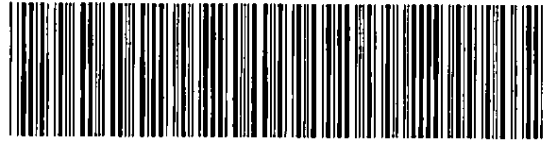
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2023 NOV 17 AM 11:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED

2023 NOV 17 AM 10:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*[Handwritten signature]*

**Sunshine State Corporate Compliance Company**

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 11/17/2023

**\*\*WALK IN\*\***

ENTITY NAME Terra Financing LLC

DOCUMENT NUMBER \_\_\_\_\_

**\*\*PLEASE FILE THE ATTACHED AND RETURN\*\***

XXXXXXXXXX  
XXXXXXXXXX

*Plain Copy*  
*Certified Copy* ?  
*Certificate of Status* ;

**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\***

*Certified Copy of Arts & Amendments*  
*Certificate of Good Standing*

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CLERK OF STATE  
TALLAHASSEE, FL

**\*\*APOSTILLE / NOTARIAL CERTIFICATION\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL OWED \$60

ACCOUNT #: I20160000072

*S. R. H*

*Please call Tina at the above number for any issues or concerns. Thank you so much!*

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Terra Financing LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jaime Martinez Soto

Name of Person

Terra Financing LLC

Firm/Company

4740 Bay Point Rd

Address

Miami, Florida 33137

City/State and Zip Code

jaime@terraenergy.io

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jaime Martinez Soto

Name of Person

at ( 786 )

Area Code

8050606

Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|--|--|---|

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

2023 NOV 17 AM 11:10

FILED

CLERK OF CIRCUIT COURT  
TALLAHASSEE, FL

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

Terra Financing LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on October 18, 2019 and assigned

Florida document number L19000262263

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 "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

4740 Bay Point Rd., Miami, Florida 33137

**(Principal office address *MUST BE A STREET ADDRESS*)**

**Enter new mailing address, if applicable:**

4740 Bay Point Rd., Miami, Florida 33137

**(Mailing address *MAY BE A POST OFFICE BOX*)**

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Incorporating Services, Ltd.

New Registered Office Address:

1540 Glenway Drive

*Enter Florida street address*

Tallahassee

*City*

Florida

32301


*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.*

Renee T. Kent, Assistant Secretary

If Changing Registered Agent, Signature of New Registered Agent



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2023 NOV 17 AM 11:11  
TALLAHASSEE  
FLORIDA

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Terra Energy HoldCo Inc.	4740 Bay Point Rd., Miami, Florida 33137	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Jaime Martinez Soto	4740 Bay Point Rd., Miami, Florida 33137	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Luis Perez Aguirre Ruiz	4740 Bay Point Rd., Miami, Florida 33137	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED  
 2023 NOV 17 4:11:31  
 U.S. DISTRICT COURT  
 SOUTHERD DISTRICT OF FLORIDA  
 MIAMI, FLORIDA

2023 NOV 17 AM 11:11  
TALLAHASSEE, FL

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2023 NOV 17 AM 11:11  
TALLAHASSEE, FL.

**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.

Dated November 16, 2023

Signature of a member or authorized representative of a member

Typed or printed name of signer

**Filing Fee: \$25.00**