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COVER LETTER

TO:

TO: Registration Se Division of Cor			
SUBJECT: JTER	LA CONSTRUCTION	LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	PAUL LAUTE	Name of Person	- <u></u> -
	JTERRA CONS	TRUCTION LLC Firm/Company	
	1810 SHELBURY	JE LANE Address	· · · · · · · · · · · · · · · · · · ·
	SARASOTA.	FZ 34231 City/State and Zip Code	
	TTERRACONST E-mail address: (RUCTION & GMAIL. Co. to be used for future annual report notification	on)
For further information c	oncerning this matter, please ca	all:	
PAUL LAU Name o	TENSCHLAGER f Person	at (<u>941</u>) <u>780-76</u> Area Code Daytime Tele	ephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fec & 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 Addres Registration S	_	Street Address: Registration Section	า
Division of C		Division of Corpora	
P.O. Box 632 Tallahassee, 1		The Centre of Talla 2415 N. Monroe St	
,			•

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TTERRA CONSTRUCTION LLC	v as it now annears on our records)	
(Name of the Limited Liability Compan (A Florida Limited Li	ability Company)	
The Articles of Organization for this Limited Liability Company v	vere filed on <u>03 - 27 - 202</u>	and assigned
Florida document number <u>LZ000094937</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		7507 2007
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
		- 0
B. If amending the registered agent and/or registered office ac agent and/or the new registered office address here:	ldress on our records, enter the n	ame of the new registered
agent and/or the new registered office address here.		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida,	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree	e to act in this capacity. I further	agree to comply with the
provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as pr	performance of my duties, and I ai	m familiar with and
- accept the obligations of my position as registered agent as pr	oriaca jor in Chapter 1005, F.S. C	л, у тих аоситетых

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
AMBR	MAXIMILLIAN LAUTENSO	CHKAGER 1810 SHELBURNE LAWE	□Add
		SARASOTA FL 34231	Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
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			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change

Note:	tive date, if other than the date of filing: 04-07-2020 (optional) fective 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 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t nent's effective date on the Department of State's records.
he reco ord is f	rd 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 iled.
Dated	Signature of a member or authorized representative of a member
	FAUL LAUTENSCHLAGER Typed or printed name of signee