| (Re                     | equestor's Name)   |           |
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| Certified Copies        | _ Certificates     | of Status |
| Special Instructions to | Filing Officer:    |           |
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## Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

| DATE 03/10/2021                              | •  | *WALK IN**  |
|--|--|-------------|
| ENTITY NAME TERRIL                           | ANTES LLC  | <del></del> |
| DOCUMENT NUMBER                              |  |             |
|  | **PLEASE FILE THE ATTACHED AND RETURN**  |             |
| XXXX<br>                                     | Plain Copy<br>Certified Copy<br>Certificate of Status                                  | . 3         |
| ***  | LEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY**  Certified Copy of Arts & Amendments |             |
|  | **APOSTILLE' / NOTARIAL CERTIFICATION**  |             |
| COUNTRY OF DESTINATI<br>NUMBER OF CERTIFICAT | ON   |             |
| TOTAL OWED \$25.00                           | ACCOUNT #: I20160000072  |             |
| Please call Tina at th                       | e above number for any issues or concerns. Thank you so mo                             | ch!         |

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Terri Lantes 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  $\frac{10/5/2020}{1}$ and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Teresita Lantes LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 8014 S Meadowview Cir Enter new principal offices address, if applicable: Tampa, FL 33625 (Principal office address MUST BE A STREET ADDRESS) 8014 S Meadowview Cir Enter new mailing address, if applicable: Tampa, FL 33625 (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 agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address 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 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> | Name            | <u>Address</u>        | Type of Action |
|--------------|-----------------|-----------------------|----------------|
| AMBR         | Teresita Lantes | 8014 S Meadowview Cir | □Adđ           |
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|   | ust be specific and cannot block does not meet the | be prior to date of files applicable statute | ing or more than 90 days af<br>ary filing requirements, t | ter filing.) Pursuant to 605.0201<br>his date will not be listed as |
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Filing Fee: \$25.00