L20 000 337288

(Requestor's Name)
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(Address)
(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
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COVER LETTER

SUBJECT: Terra Rella Landscaping & Design	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Vincent Availance Name of Person	
Terra Bella Landscapin, + Design	
551 Lavers Circle #275	
City/State and Zip Code Terrabla MSCape Dyahoo, WM E-mail address: (10 be used for foreire annual report notification)	
For further information concerning this matter, please call:	
Name of Person at (56) 592-6209 Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee	

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Terra Bella Land	Iscapina + Desian
(<u>Name of the Limited Liability</u> (A Florida Lia	Company as it now appears on our records.) imited Liability Company)
The Articles of Organization for this Limited Liability Com- Florida document number <u>L2000337288</u> .	npany were filed on October 23, 2020 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	d liability company here:
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRES	<u>SS)</u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida

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>	<u>Name</u>	Address	Type of Action
Quner	Vincent M Avallane	5.51 Lavers Circle #275	
		Dolray Beach, FZ 32444	□Remove
			□Change
MGR	Vincent M Authors	551 Lavers Circle #27.	<u></u>
		Delray Beach, FL 33444	□Remove
			□Change
AMBR	Vincent M Avallar	551 Lavers Circle #27	∑ S Add
		Delray Reach, FL 33444	□Remove
			□Change
			🗆 Add
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an effec ote: If	re date, if other than the date of filing:	
ecord is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day at d.	fer the
nted _(05/17/2021 . 2:50pm	
		1 .
	Signature of a member or authorized representative of a member	$\tilde{C}_{i,j}$