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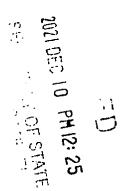
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COVER LETTER

TO: Registration So Division of Con			
Terralo, Ll SUBJECT:			
SUBJECT:		nited Liability Company	1,24,5
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Morgan Orender		
		Name of Person	
	Terralo, LLC		
		Firm/Company	
	7845 Baymeadows Way		
		Address	
	Jacksonville, FL 32256		
		City/State and Zip Code	
	morgan@orenderlaw.com		
For thethor information of	E-mail address: (oncerning this matter, please c	to be used for future annual report notific	cation)
	oncerting this matter, piease c		
Morgan Orender		904 476-4040 at ()	
Name of Person			Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing 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		<u>Street Address:</u> Registration Sect	ion
Registration Section Division of Corporations		Division of Corp	
P.O. Box 632	27	The Centre of Ta	Hahassee
Tallahassee, l	FL 32314	2415 N. Monroe	Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Terralo, 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 $\frac{04/21/2021}{1}$ and assigned Florida document number 1.21000186674 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: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (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: Morgan Orender Name of New Registered Agent: 7845 Baymeadows Way New Registered Office Address: Enter Florida street address

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 faintly at and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this discument 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.

Jacksonville

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Zachary Orender	7845 Baymeadows Way	= Add
		Jacksonville, FL 32256	□Remove
			□Change
AMBR	Jacob Orender	7845 Baymeadows Way	■Add
		Jacksonville, FL 32256	□Remove
			□Change
			□Add
			□Remove
			□Change
··· ·			□Add
			□Remove
		-	Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change

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ective da	ite, if other than the date of filing: (optional)	
n effective o	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 605.0 date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed	
	effective date on the Department of State's records.	1 45
	ifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after to	ihe
is filed.		
1	December 7. 2021	
iea	1.1.	
	1/1/1/	
	Signature of a member or authorized representative of a member	
	Maria	
_	Typed or printed name of signee	

Filing Fee: \$25.00