

L21000243004

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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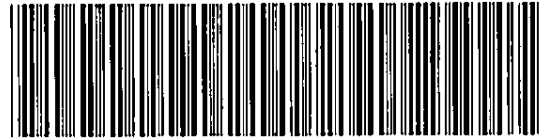
(Business Entity Name)

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THE 17TH JUDICIAL CIRCUIT  
IN AND FOR  
DADE COUNTY, FLORIDA

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155 Office Plaza Dr Ste A Tallahassee FL 32301  
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**DATE:** 03/12/2024

**NAME:** TIERRANEGRA LLC

**TYPE OF FILING:** CHANGE OF RA

**COST:** 25.00

**RETURN:** PLAIN COPY PLEASE

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**ACCOUNT:** FCA000000015

**AUTHORIZATION:** ABBIE/PAUL HODGE



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2025 MAR 13 AM 9:23  
STATE OF FLORIDA  
CLERK OF THE COURT

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR  
LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: TIERRANEGRA LLC

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

1749 NE Miami Ct, Unit 209 1749 NE MIAMI Ct, Unit 209  
Miami FL 33137 MIAMI FL 33137

05/25/2021

L21000243004

3. Date of filing/registration in Florida

4. Document number

5. (a) \_\_\_\_\_  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
NRAI SERVICES INC

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
1200 SOUTH PINE ISLAND ROAD, Suite 206

PLANTATION, FL 33324

(b) Florida Filing & Search Services, Inc.  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

155 OFFICE PLAZA Dr, Suite A  
NEW Registered Office Address:

Tallahassee, FL 32301

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]  
Signature of a member or authorized representative of a member

Andrea Amaral  
Printed or typed name of signer

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.

[Signature]  
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314  
FILING FEE: \$25.00

**FILED**  
2025 MAR 13 AM 9:28  
SECRETARY OF STATE  
TALLAHASSEE, FL