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COVER LETTER

Tallahassee, FL 32314

	Registration Se Division of Con			
SUBJEC		D TERRACE, LLC	· •	•
SUBJEC	-1			
The encle	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		Andrew Kerner		
			Name of Person	
		Andronica Management C	ompany, LLC	
			Firm/Company	<u></u>
		PO Box 882		
		F-1-1-1-	Address	——————————————————————————————————————
		Stevensville, MD 21666		
			City/State and Zip Code	1 7 1
		akerner\$4@gmail.com		
For furth	er information c	encerning this matter, please c	to be used for future annual report n all:	ouncation)
Andrew Kerner			443 496-1532	
Name of Person			ime Telephone Number	
Enclosed	is a check for the	ne following amount:		
□ \$25.0	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 Addres		Street Address:	ection
Registration Section Division of Corporations			Registration Section Division of Corporations	
P.O. Box 6327		The Centre of		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

209 SE 3RD TERRACE, LLC		SSYH Z HOL
	ompany as it now appears on our records.)	
(A Florida Lim	mpany as it now appears on our records.) ited Liability Company)	L PH
The Articles of Organization for this Limited Liability Comp Florida document number $\frac{L21000448551}{L21000448551}$.	pany were filed on 10/14/2021	Rand assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
3811 NE 27TH TERRACE, LLC		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES.	<u> </u>	
Enter new mailing address, if applicable:	P.O. Box 822	
(Mailing address MAY BE A POST OFFICE BOX)	Stevensville, MD 21666	
B. If amending the registered agent and/or registered off agent and/or the new registered office address here: Name of New Registered Agent:	fice address on our records, <u>enter the</u>	name of the new registered
Marie of New Negasteted Agent.		
New Registered Office Address:	Enter Florida street address	
	. Florid	a
	, FIOTIG.	a Zip Code

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 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>	Name	Address	Type of Action
			□Adđ
			Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
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			□Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			□Change

Typed or printed name of signee

Andrew Kerner