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COVER LETTER

TO:

	ration Sec on of Corp						
	rraNova C	iroup LLC					
SUBJECT:	Name of Limited Liability Company						
The enclosed A	rticles of A	unendment and fee(s) are sub-	mitted for filing,				
Please return all	correspon	dence concerning this matter	to the following:				
		Higinio Morinigo Gill					
			Name of Person				
		TerraNova Group LLC					
			Firm/Company				
		13595 SE Highway 42, #40	07				
			Address				
		Weirsdale, Florida 32195					
			City/State and Zip Coo	de			
		termo_stop@hotmail.com					~)
			to be used for future annu	ial report notification)		10	3. C
For further info	rmation co	ncerning this matter, please ca	и:				- : - : - :
Higinio Morini	go		305 at () _	336-3974			رب رب
	Name of	Person	Area Code	Daytime Teleph	one Number	· : -	
Enclosed is a ch	eck for the	e following amount:				:	
■ \$25.00 Filir	ng Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing For Certified Copy tadditional copy is		S60.00 Fil Certificat Certified radditional	e of Statu	
	g Address			Address:			
Registration Section Division of Corporations			stration Section ion of Corporation	ons			
P.O. Box 6327			The C	The Centre of Tallahassee			
Tallahassee, FL 32314			2415	N. Monroe Stree	et. Suite 8	10	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TerraNova Group LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited)	inv as it now appears on our Liability Company)	records.)
the Articles of Organization for this Limited Liability Company lorida document number <u>L22000063456.</u> .	were filed on 02/07/2022	and assigned
his amendment is submitted to amend the following:		
If amending name, enter the new name of the limited liab	oility company here:	
he new name must be distinguishable and contain the words "Limited Liabi	F. 23	and the state of t
he new name must be distinguishable and contain the words. "Limited Liabi	nty Company, the designation	n "LLC or the appreviation (L.L.C.,
nter new principal offices address, if applicable:		~ <u>~</u>
Principal office address MUST BE A STREET ADDRESS)		
		3 3
		: 1 ::0
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
ranning address sport DE AT OST OFFICE DOLY		
	-	(3)
 If amending the registered agent and/or registered office agent and/or the new registered office address here: 	address on our records,	enter the name of the new register
Name of New Registered Agent:		
Name of New Registered Agent: New Registered Office Address:	Enter Florida street	uldress
	Enter Florida strevi	
	Enter Florida street	Florida
	City	Florida

If Changing Registered Agent, Signature of New Registered Agent

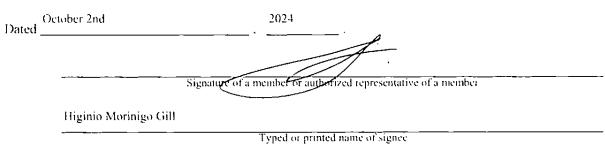
If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Ailen Polo	13595 SE Highway 42, #407 Weirsdale FL 32195	= Add
			□Remove
			□Add
			🗆 Remove
			□ Change □ DAdd
			□Rêmove
			□ □ Change □ □ □ Add
			□Remove
			□Change
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			□Remove
			□Change
			□ Add
			□Remove
			[]Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: _ (optional) (If an effective 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 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the

record is filed.



Filing Fee: \$25.00