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SECRETARY OF STATE

## **COVER LETTER**

TO: Registration S Division of Co									
	TONEWORKS SOUT	LLC							
SUBJECT:	Nar	e of Limit	ted Liability Company						
The enclosed Articles o	f Amendment and fee(s	are subn	mitted for filing.						
Please return all corresp	ondence concerning thi	matter t	to the following:						
	William Wolfe								
			Name of Person						
	TERRA STONEY	ORKS S	SOUTH LLC						
			Firm/Company				_	رن 100ء	202
	12350 S Belcher I	d, Ste 13	3A				;( () ()	CRET	2022 OCT 20
			Address					<u> </u>	20
	Largo, FL 33773							TARY OF	野口: 51
			City/State and Zip Co	de				<u> つ</u> ご	
	accounting@erras		s.com o be used for future ann		:h! \			一点	-
For further information				uai report notti	icanon)				
William Wolfe			571 at ( )	2160514					
Name	of Person		Area Code	Daytime	Telephor	ne Number			
Enclosed is a check for	the following amount:								
■ \$25.00 Filing Fec	S30.00 Filing Fo		S55.00 Filing For Certified Copy (additional copy is			\$60.00 Filit Certificate Certified C (additional co	of Statu Copy		
Mailing Addre Registration Division of G P.O. Box 63	Section Corporations		Regis Divis	<u>i Address:</u> stration Sec sion of Corp Centre of Ta	poration				
Tallahassee,				N. Monroe			0		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TERRA STONEWORKS SOUTH LLC

(Name of the Limited Liability (A Florida	ty Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability C Florida document number L22000099439	ompany were filed on <u>02/24/2022</u>	_ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC" or the abbre	eviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	RESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		ZOZZ OCT ZO ANIII SECRETARY OF S
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	1 office address on our records, <u>enter the name</u>	of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	•	Zip Code
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and confidence of the obligations of my position as registered ageing filed to merely reflect a change in the registere company has been notified in writing of this change.	and agree to act in this capacity. I further agree omplete performance of my duties, and I am far gent as provided for in Chapter 605, F.S. Or, if	niliar with and this document is
	If Changing Registered Agent, Signature of New Regist	ered 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>	<u>Name</u>		Address		Type of Action
MGR	Eric Neiman		12350 S Belcher Rd, Ste 13A		_ <b>≣</b> Add
			Largo, FL 33773		_ 🗆 Remove
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ite: If the date inserted in t	the date of filing:  must be specific and cannot be prior to date of filing o is block does not meet the applicable statutory fi ne Department of State's records.	or more than 90 days after filing.) Pursuant to 605.020
ecord specifies a delayed ef is filed.	ective date, but not an effective time, at 12:01 a.r	m. on the earlier of: (b) The 90th day after th
October 17th	2022	
	Signature of a member or authorized representat	tive of a member
William Walf- p		
William Wolfe - H	юккеерег	

Filing Fee: \$25.00