

6/23/23, 10:29 AM

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H23000224111 3)))



H230002241113ABCQ

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146

Phone : (305)444-4994

Fax Number : (305)328-4774

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

RECEIVED

2023 JUN 23 AM 10:19

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
TERRAMORE ARCHITECTURAL DESIGN LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

2023 JUN 23 PM 2:20

Electronic Filing Menu

Corporate Filing Menu

V. LEMIEUX  
Help  
JUN 26 2023

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

TERRAMORE ARCHITECTURAL DESIGN 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 06/16/2023 and assigned  
Florida document number 1.23000292354

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

3SKY ARCHITECTURAL DESIGNS LLC

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:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City, Florida

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Mario N. Ponce Reyes	2922 SW 118 CT	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33175	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Rogelio A. Ayala Hernandez	2922 SW 118 CT	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33175	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

**Filing Fee: \$25.00**