

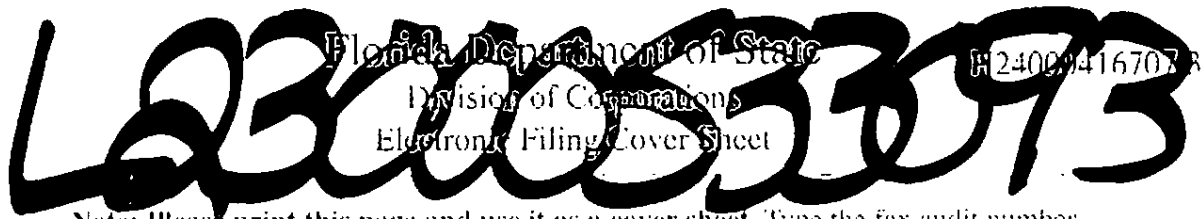
To: corporate@floridadiv.com

Page: 1 of 4

2024-12-20 04:13:18 UTC+14

18506176383

From: ZenBusiness User



Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

H240004167073

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.

((H24000416707 3))



H240004167073ABC*

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : ZENBUSINESS INC.
Account Number : T20230000190
Phone : (844)449-3674
Fax Number : (512)597 0678

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

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
AQUATERRA VISIONS 3D LLC

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Corporate Filing Menu

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DEC 20 2024

H240004167073

To:

Page: 2 of 4

2024-12-20 04:18:18 UTC+14 18506176383

From: ZenBusiness User

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

H24000416707 3

AQUATERRA VISIONS 3D 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 11/30/2023 and assigned
Florida document number 123000533093.

This amendment is submitted to amend the following:

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

ProTerra Imagery 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

_____, Florida _____
City 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

H24000416707 3

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Jeremy Ruben	5792 Blackhorse Circle	☒ Add
		Pensacola, FL 32526	☐ Remove
			☐ Change
MGR	Brian Bernard	5789 Blackhorse Circle	☒ Add
		Pensacola, FL 32526	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
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			☐ Remove
			☐ Change

