L24000089503

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Name Change

MAY - 9 2024

D CUSHING

COVER LETTER

.TO: Registration Section

Division of Corpor	ations		
\ SUBJECT:	Name of Lim	ited Liability Company	ini
The enclosed Articles of Am			
Please return all corresponde	ence concerning this matter	to the following:	
	Reb	Name of Person	
		•	
		Firm/Company	
	<u> </u>	8 St Andrews R	4
		City/State and Zip Code	
	Cnal	1697@aman con	202
-	E-mail address: ((to be used for future in nual report notification)	PAGE 1
For further information conc	erning this matter, please c	rall:	
Rebeccon Name of Pe	Dintierrez	at (305) 7-61e - 41 Area Code Daytime Teleph	
Enclosed is a check for the f	ollowing amount:		in W
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
7/20/24	princt 0	K#3179	
Mailing Address: Registration Sec Division of Corp P.O. Box 6327 Tallahassee, FL	etion porations	Street Address: Registration Section Division of Corporation The Centre of Tallaha 2415 N. Monroe Street Tallahassee, FL 32303	ssee et, Suite 810



March 18, 2024

REBECCA GUTIERREZ 808 ST. ANDREWS RD HOLLYWOOD, FL 33021

SUBJECT: TERRAPULSE MARKETING, LLC

Ref. Number: L24000089503

We have received your document for TERRAPULSE MARKETING, LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 924A00005824

Diane Cushing Operations Manager A

Dec 4/18

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable:	
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Terroll Sc Allend Liability Company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLL 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)	
A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LL. 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)	ned
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LL. 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)	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L. 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)	
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)	<u></u>
(Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	C.
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B. If amending the registered agent and/or registered office address on our records, enter the name of the new	<u>registe</u>
agent and/or the new registered office address here:	
Name of New Registered Agent: VCC	
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	v with -

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.

h/a-

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being addor removed from our records:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
	n/c-		□Add
			□Remove
			□Change
			□Remove
			Change
		□Remove	
		□ Change	
	<u> </u>		□Add
	-	Remove	
			Change
			□Add
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			□Change
			□Add
			□Remove
			□Change

	h c
(If an e <u>Note</u>	tive date, if other than the date of filing:
he reco	ord 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 filed.
Date	April 2, 2014.
	Signature of a member or authorized representative of a member
	Rebecca Courterrez
	Typed or printed name of signee