

## L24 000 230 452

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08/28/24--01029--001 \*\*25.00

## **COVER LETTER**

TO: Registration Section **Division of Corporations** 

	Name of Limi	ted Liability Company	
e enclosed Articles of a	Amendment and fee(s) are sub	nitted for filing.	
ease return all correspo	ndence concerning this matter	to the following:	
	Albert Carrier		
		Name of Person	
	TERRA MARE CONSUL	TING, LLC	
	<del></del>	Firm/Company	
	11722 Walker Avenue		
		Address	-
	Seminole, FL 33772		
		City/State and Zip Code	
	Cary@tampabay.rr.com		
	E-mail address: (	to be used for future annual report noti	fication)
or further information c	oncerning this matter, please ca	ill;	
Albert Carrier		727 686-0095	
Name o	f Person	at () Area Code Daytim	e Telephone Number
Inclosed is a check for th	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclose

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TERRA MARE CONSULTING, I	LLC		
(Name of the Limi	ited Liability Com (A Florida Limite	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited I Florida document number <u>L24000230452</u>	Liability Compar	ny were filed on <u>05/14/2024</u>	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited <u>li</u> a	ability company here:	
N/A	_		
The new name must be distinguishable and contain the	words "Limited Lia	bility Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	N/A	
(Principal office address MUST BE A STRE	ET ADDRESS)		
			_ · <del>_</del>
			2021; 2
Enter new mailing address, if applicable:		N/A	_ · _ <del>]</del> _ · _
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>
			<u> </u>
			<u></u>
B. If amending the registered agent and/or agent and/or the new registered office addr	registered offic ess here:	e address on our records, <u>enter tl</u>	he name of the new registe
Name of New Registered Agent:	N/A	·	
New Registered Office Address:	****		
		Enter Florida street address	
		, Flor	
		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 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
AMBR	ALBERT CARRIER	11722 WALKER AVENUE	<b>=</b> Add
		SEMINOLE, FL 33772	□Remove
			□ Change
			□Remove
			Change
			□Remove
		<del></del>	□ Change
		<del> </del>	
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ectiv	re date, if other than the date of filing: N/A (optional)
effe <u>e:</u> [	ctive 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 of the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as not's effective date on the Department of State's records.
cord i file	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 d.
ed_	6/24/2024
	Alluw Cauni Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member

Typed or printed name of signee