## C 24000041579

| (Re                                     | questor's Name)   | <del></del> |
|---|-------------------|-------------|
| (Ad                                     | dress)            | <del></del> |
| (Ad                                     | dress)            |             |
| (Cit                                    | y/State/Zip/Phone | e #)        |
| PICK-UP                                 | ☐ WAIT            | MAIL        |
| (Bu                                     | siness Entity Nan | ne)         |
| (Document Number)                       |                   |             |
| Certified Copies                        | Certificates      | of Status   |
| Special Instructions to Filing Officer: |                   |             |
|   |                   |             |
|   |                   |             |
|   | Uml               | IS          |

Office Use Only



500434170755

08/16/24--01018--020 \*\*25.00

15.12 ... 12 ... 1.21

## **COVER LETTER**

| TO: Registration Sec<br>Division of Corp |  |   |   |  |
|--|--|---|---|--|
| SUBJECT: TE                              | ERRA FIRMA SO                                | OLUTIONS LLC  |   |  |
|  | Name of Limit                                | ed Liability Company  |   |  |
| The anglesial Articles of A              | mendment and fee(s) are subn                 | nitted for filing   |   |  |
|  | dence concerning this matter to              |   |   |  |
| r lease return an correspon              | dence concerning this matter w               | o the following.  |   |  |
|  | DEPICK "                                     | SAWCHYN<br>Name of Person   |   |  |
|  | TERRA FIRMA                                  | 4 SOLUTIONS LLC<br>Firm/Company   | <del> </del>  |  |
|  | 8501 LITTU                                   | SCENIC LNI Address  |   |  |
|  | TALLAHASS                                    | EE FL 3230 City/State and Zip Code  | 99  |  |
|  | MARSHALL E-mail address: (to                 | EE FL 3230 City/State and Zip Code VM 7246 @ GMA b be used for future annual report notif | IL. COM   |  |
| For further information co               | ncerning this matter, please cal             | II:   |   |  |
| DEPICK SA                                | NOHA   | at ( <u>850)</u> <u>264 -</u><br>Area Code Daytime  | 6651  |  |
| Name of                                  | rerson                                       | Area Code Daytime   | : Telephone Number  |  |
| Enclosed is a check for the              | following amount:                            |   |   |  |
| \$ \$25.00 Filing Fee                    | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)                       | S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |  |
| Mailing Address                          |  | Street Address:   |   |  |
| Registration Section                     |  |   | Registration Section  |  |
| Division of Co<br>P.O. Box 6327          |  | Division of Corp<br>The Centre of T   |   |  |
| 17O. DOX 0347                            |  | The Centre Of The   | urranussee  |  |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| TERRA FIRMA SOLUTIONS   | LLC  |
|---|--|
| (Name of the Limited Liability Company as it (A Florida Limited Liability)  | ow appears on our records.) Company)   |
| The Articles of Organization for this Limited Liability Company were fit Florida document number $\frac{L 24000247529}{L}$ . This amendment is submitted to amend the following:  | led on <u>5/30/24</u> and assigned   |
| A. If amending name, enter the new name of the limited liability con  | mpany here:  |
| The new name must be distinguishable and contain the words "Limited Liability Comp  | sany," the designation "LLC" or the abbreviation "L.L.C."  |
| Enter new principal offices address, if applicable:   |  |
| (Principal office address MUST BE A STREET ADDRESS)   | -3   |
| <del></del>   |  |
| 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 agent and/or the new registered office address here:   | on our records, enter the name of the new registered   |
| Name of New Registered Agent:   |  |
| New Registered Office Address:  |  |
|   | Enter Florida street address   |
| Cin   | Florida  |
| New Registered Agent's Signature, if changing Registered Agent:   | г. — г.  |
| I hereby accept the appointment as registered agent and agree to ac provisions of all statutes relative to the proper and complete performaccept the obligations of my position as registered agent as provide being filed to merely reflect a change in the registered office address company has been notified in writing of this change. | nance of my duties, and I am familiar with and<br>d for in Chapter 605, F.S. Or, if this document is |

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

| Title | <u>Name</u>     | Address                                      | Type of Action  |
|-------|-----------------|--|-----------------|
| M6R.  | DEROX SANICITYN | 8501 LITTLE SCENIC LN                        | t <b>X</b> (Vqq |
|       |                 | TALLAHASSEE, FL 3230                         |                 |
|       |                 |  | CChange         |
|       | CHRIS SAMOHYN   | 8501 LITTLE SUGNIC LI                        | ✓               |
|       |                 | ESOI LITTLE SUGNIC LA<br>TAMANHASSEE, FL 323 | Remove          |
|       |                 |  | □Change         |
|       |                 |  | 🗆 Add           |
|       |                 |  | □ Remove        |
|       |                 |  | 🗆 Change        |
|       |                 |  | □Add            |
|       |                 |  | □Remove         |
|       |                 |  | □Change         |
|       | <del></del> .   |  | □Add            |
|       |                 |  | □Remove         |
|       |                 |  | □Change         |
|       |                 |  | DAdd            |
|       |                 |  | Remove          |
|       |                 |  | □Change         |

| <del></del>  |  |
|--|--|
|  | · · · · · · · · · · · · · · · · · · ·  |
|  |  |
|  |  |
|  | <del>-</del>   |
|  |  |
| · · · · · · · · · · · · · · · · · · ·  |  |
|  | <del></del>  |
|  |  |
|  |  |
|  |  |
|  |  |
| Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than Note: If the date inserted in this block does not meet the applicable statutory filing required document's effective date on the Department of State's records. | (optional)<br>n 90 days after filing.) Pursuant to 605.0207 (3)<br>irements, this date will not be listed as the |
| the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the cord is filed.  | earlier of: (b) The 90th day after the   |
| Dated O/il/24,   |  |
| Signature of a member or authorized representative of a m  | ember  |
| Depick SINCHY  | ρ  |

Filing Fee: \$25.00