L2400376574

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COVER LETTER

	gistration Se ision of Cor			
SUBJECT:	Terlis Prope			
Substict.		Name of Limi	ted Liability Company	·············
The enclosed	d Articles of	Amendment and fee(s) are subt	mitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		Juan Chinchilla		
			Name of Person	
			Firm/Company	
		1610 Culbreath Isles Dr.		
		Tampa, FL 33629		
		chinchilla506@icloud.com		
		tion)		
For further i	nformation c	concerning this matter, please ca	all:	
Juan Chinch	nilla		253 200-7965 at ()	
	Name o	of Person		elephone Number
Enclosed is	a check for t	he following amount:		
□ \$25.00 l	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)
	niling Addres		Street Address: Registration Section	on

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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TO:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Terlis Properties, LLC	
(Name of the Limited Liability Compa (A Florida Limited I	any as it now appears on our records.) Liability Company)
he Articles of Organization for this Limited Liability Company lorida document number L24000376574	y were filed on 8/27/2024 and assigned
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liab	bility company here:
e new name must be distinguishable and contain the words "Limited Liabi	oility Company," the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	1610 Culbreath Isles Dr.
rincipal office address MUST BE A STREET ADDRESS)	Tampa, FL 33629
nter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX</u>)	Tampa, FL 33629
If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new reg
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

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
MGR	Juan Chinchilla	1610 Culbreath Isles Dr. Tampa, FL 33629	= Add
			□Remove
			□Change
MGR	Angel Lisinski	2002 N Lois Ave Suite 300 Tampa, FL 33607	🗆 Add
			Remove
			□Change
			□ Add
			□Remove
			□Change
			□ Add
			_Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Changa

II amicho	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
	
	
(If an effect Note: If	date, if other than the date of filing:
ne record s ord is filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	To the
	Signature of a member or authorized representative of a member
	Juan Chinchilla
	Typed or printed name of signee

Filing Fee: \$25.00