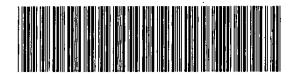
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(Re	questor's Name)				
(Ad	dress)				
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(Cit	y/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Nan	ne)			
(Document Number)					
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FILED



CORPORATION SERVICE COMPANY
1201 Hays Street
Tallhassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 252208 83

REFERENCE : 252208 8106597

AUTHORIZATION : TRUBBLE NO.

COST LIMIT : \$55.00

ORDER DATE : August 11, 2016

ORDER TIME : 9:52 AM

ORDER NO. : 252208-005

CUSTOMER NO: 8106597

DOMESTIC AMENDMENT FILING

NAME: TERRACE INVESTORS, LLC

NAME: TERRACE INVESTORS, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER'S INITIALS:

COVER LETTER

TO: Reg Div	gistration Section vision of Corporations	
SUBJECT:	Terrace Investors, LLC	
SUBJECT.	Name of Limited Liability Company	
Dear Sir or h	Madam:	
The enclosed	ed Statement of Authority and fee(s) are submitted for filing.	
Please return	n all correspondence concerning this matter to the following:	
Jonathan	n James Damonte	
	Name of Person	
Jonathar	n James Damonte, Chartered	
	Firm/Company	
12110 S	eminole Blvd.	
	Address	TALL SEC
Largo, F	L 33778	FILE MASS MASS MASS MASS MASS MASS MASS MAS
	City/State and Zip Code	1 2 E
jdamonte	e@damontelaw.com	FILED AUG 12 M 8: 24 CORE FARY OF STATE LLAHASSEE, FLORIDA
E-	-mail address: (to be used for future annual report notification)	GR. 9
For further	information concerning this matter, please call:	DA P
Jonatha	n James Damonte 727 586-2889	
	Name of Person Area Code Daytime Telephone Nu	mber
ST	TREET/COURIER ADDRESS: MAILING ADDRESS:	

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

STATEMENT OF AUTHORITY

authority	" :	5.0302(1), Florida Statutes, this			acment of		
FIRST:	The name of	the limited liability company is:				-	
SECON	D: The Flori	da Document Number of the lim	ited liability company is:	99000005770		_	
	: The street a	ddress of the limited liability cor					
	Largo, Fl	. 33778					
		g address of the limited liability	company's principal office	is:			
	Largo, Fl	33778			٠		
position	of a person i on the followi	ecute an instrument transferring i	per, transferee, manager, off real property held in the nar	icer or otherwise or to		ھــ ــ	
	a.		Conihay		ALLAHAS	6 AUG 12	T
	b.	No authority granted to:			OF STA	2 州 8	
	2. May ci	nter into other transactions on bel Granted to: Stephen E. M		or bind, the company.	₩ W W	24	
	b.	No authority granted to:	·				
	4	-5	-	en E. McConihay			
Signatu	re of authoriz	red representative Filing F		or printed name of sign	nature		