## P1400001967

(Re	equestor's Name)	
(Ad	ldress)	
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(Ad	ldress)	1
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Na	me)
(Do	ocument Number	
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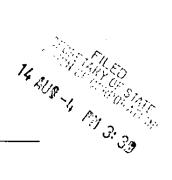


MUND 13/14

## **COVER LETTER**

Division of Corporations		
NAME OF CORPORATION: Terrea	r, Inc.	
DOCUMENT NUMBER: P140000	1967	
The enclosed Articles of Amendment and fee are subm	itted for filing.	
Please return all correspondence concerning this matter	to the following:	
She	annon Bertram	
	Name of Contact Person	
	Firm/ Company	
	1506 US Hwy 27 South	
ا ملا	e Placed FL33852	
	City/ State and Zip Code	
Mehaoma	rcpa@hotmail.com	
E-mail address: (to be used	for future annual report notification)	
For further information concerning this matter, please of	eall:	
Shamon Ber Ham Name of Contact Person	at (863) 465-6155  Area Code & Daytime Telephone Number	
	• •	
Enclosed is a check for the following amount made pay	vable to the Florida Department of State:	
\$35 Filing Fee \$\textstyle \\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee  Certified Copy Certificate of Status  (Additional copy is enclosed) (Additional Copy is enclosed)	
Mailing Address Amendment Section	Street Address Amendment Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle	
A MARKETHOUSEN, A 32 2 22 2 1 T	Tallahassee, FL 32301	

## **Articles of Amendment** Articles of Incorporation



01	<b>y</b>
Terrear, Inc.	
(Name of Corporation as currently filed with the Florida Dept. of State)	
P14000001967	
(Document Number of Corporation (if known)	

dment(s) to

If amending name, enter the new name of th	e corporation:	
me must be distinguishable and contain the Corp.," "Inc.," or Co.," or the designation "Cord "chartered," "professional association," or	Corp, " "Inc," or "Co". A professio	
Enter new principal office address, if applic		
incipal office address <u>MUST BE A STREET A</u>	<u>ADDRESS</u> )	
	_ <del></del>	<del>_</del>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	C DOV	
(Mulling Luaress MAT BE A FOST OFFICE		<del></del>
		<u>_</u>
If amending the registered agent and/or reg	ristered office address in Florida, er	iter the name of the
. If amending the registered agent and/or reg new registered agent and/or the new registe		iter the name of the
new registered agent and/or the new register	ered office address:	
new registered agent and/or the new register	ered office address:	
new registered agent and/or the new register	ered office address:  (Florida street address)	, Florida
Name of New Registered Agent	ered office address:	
Name of New Registered Agent	ered office address:  (Florida street address)	, Florida
Name of New Registered Agent	ered office address:  (Florida street address)  (City)	, Florida

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	PT J	<u>ohn Doe</u>	
X Remove	<u>v</u> <u>n</u>	Mike Jones	
X Add	<u>sv</u> <u>s</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
Change Add	VS_	Samuel T. Wears Ir	1506 US Hwy 27 South
Remove			
2) Change	<del> </del>		· · · · · · · · · · · · · · · · · · ·
Remove 3) Change			
Add Remove			
4) Change			
Add Remove			
5) Change			
Remove			
6) Change			
Add Remove			

- •	(Be specific)
	<u></u>
	····
	hange, reclassification, or cancellation of issued shares,
provisions for implementing the am	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provisions for implementing the am	

The date of each amendment(s) ado date this document was signed.	ption:	, if other than the
Effective date if applicable:		
· ·	(no more than 90 days after amendment file date)	<del></del>
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes cast for the amendment(s) icient for approval.	
	oved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were adop action was not required.	sted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopaction was not required.	oted by the incorporators without shareholder action and shareholder	
Dated	31/14	
Signature <u></u>	hannon Bertran	
selected	rector, president or other officer – if directors or officers have not been , by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	
_	Shannon Bertram	
	(Typed or printed name of person signing)	
	PT	
	(Title of person signing)	