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(((H150001293173)))



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## COR AMND/RESTATE/CORRECT OR O/D RESIGN TERRAZA 1702, CORP

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June 1, 2015

FLORIDA DEPARTMENT OF STATE Division of Corporations

TERRAZA 1702, CORP 2121 PONCE DE LEON BLVD SUITE 1050 CORAL GABLES, FL 33134

SUBJECT: TERRAZA 1702, CORP

REF: P14000078757

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document you submitted has been prepared pursuant to nonprofit statutes (chapter 617, Florida Statutes). As the entity was originally filed as a corporation for profit, this document should be filed pursuant to chapter 607, Florida Statutes.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey Regulatory Specialist II

FAX Aud. #: H15000129317 Letter Number: 715A00011414

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TERRA	ZA 1702	CORP.	<u></u>
(Name of C	crooration as currently file	ni with the Florida	Dept. of State)
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	(Document Number of Corp	poration (if known)	
suant to the provisions of section 607.1006 Articles of incorporation: If amending name, rater the new name,		da Profit Corporat	ien adopts the following amendment
		<u> </u>	The new
rd "chartered," "professional association, Enter new principal office address, if am incipal office address <u>MUST HE A STRU</u>	olicable:		·
(Mailing oddress <u>MAY BE A POST QFF</u> I	<u></u>		
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	(Florida street odd)		<u>.                                    </u>
New Registered Office Address:	MIAMI		Florida 33/73
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Registered Agent's Signature, if changing the appointment as registered at	o <mark>e Roristored Azont:</mark> geni. I am familiar with and	d accept the couga	tions of the position.
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•	Signature of New Kegisters	ia Agent, if change	T.

Page 1 of 4

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address of each Office (Attach additional shee Please note the officer) P = President; V = Vice Executive Officer; CFC held. President, Treasu Changes should be note.	er and/or Director tis, if necessary) director title by the President; T= Tre D = Chief Financial Det, Director would ed in the following to	being added:  first letter of the office title:  casurer; S= Secretary; D= Director; TR= Ty  Officer. If an officer/director holds more th  be PTD.  manner. Currently John Doe is listed as the  on, Sally Smith is named the V and S. These	r/director being removed and title, name, and names; C = Chairman or Clerk; CEO = Chief can one title, list the first letter of each office  PST and Mike Janus is listed as the V. There is should be noted as John Doe, PT as a Change,
Example: X Change X Remove X Add	PI Iohn I V Mike I SV Sally S	onea	
Type of Action (Check One)	<u>Title</u>	Nume	Address
1) Change Add Remove	ρΔ	MENDEZ, HECTOR A	9290 SW 72 ST SUITE 103 MIAMI FL 33173
2) Change Add Remove	5	PEREZ, MARIA ELISA	9290 SW 725t. SUITE 103 MIAMI FT 33123
3)ChangeAddRemove			
4) Change Add Remove			
5)Change Add Remove			
6) Change Add Remove			

Page 2 of 4

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Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)	
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f an amendment provides for an exch	ange, reclassification, or cancellation of issundment if not contained in the amendment it	ed shares,
(if not applicable, indicate N/A)	unight it not contained in the amenoment in	sen:

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The date of each amundment(s) adoption:date this document was signed.	MAN 39	19 000	<u> </u>	if other than the
Effective date if applicable:			5	
	(no more than 90 days after	umendmeni jile dati	r)	
Note: If the date inserted in this block does not document's effective date on the Department of St	meet the applicable statistics tate's records.	y filing requiremen	u, this date will no	t be listed as the
	CK ONE)			
The amendment(s) was/were adopted by the abity the abareholders was/were sufficient for app.	archolders. The number of v proval.	occa cast for the am	endment(s)	
The amendment(s) was/were approved by the almust be separately provided for each voting gr	harsholders through voting group entitled to vote separate	roups. The followin hy on the agrendmen	eg siatement a(s):	ļ
"The number of votes cast for the amende		or approval		
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The amendment(s) was/were adopted by the inco- action was not required.	orporators without sharehold	er action and shareh	older	
Dated MAY 29	2015			
Signature Carri	- Eleve			
	For other officer—if director rator = if in the hands of a re- that fiduciary)			
	ARIA ELIDA	FEREZ		
(Тур	oed or printed name of person	siguing)		
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June 1, 2015

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