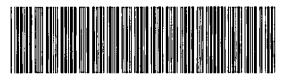
P21000035873

(Requestor's Name)
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J DE**NNIS**

JUL 1 6 2021

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	TION: TERRACOX COR	P			
DOCUMENT NUMBE					
The enclosed Articles of	Amendment and fee are sul	bmitted for filing.			
Please return all correspo	ondence concerning this mat	tter to the following:			
	Jennifer Wr	right			
		Name of Contact Person	 		
	Seekh				
	Firm/ Company				
	4984 W A	tlantic Blvd			
		Address			
	Margate, I	Florida 33063			
_		City/ State and Zip Code			
	seckh.tax@gmail.con	n			
_	•	ed for future annual report	notification)		
For further information of Jennifer Wright	concerning this matter, pleas	. 754	307-9031		
Name of	Contact Person	at (Area Coo	de & Daytime Telephone Number		
Enclosed is a check for the	he following amount made p				
S35 Filing Fee	S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Ameno Divisio P.O. B	ng Address Ilment Section on of Corporations ox 6327 assee, FL 32314	Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee V. Monroe Street, Suite 810 ssee, FL 32303		

Articles of Amendment to Articles of Incorporation of

	of
TERRACOX CORP	
(Name of Corporatio	n as currently filed with the Florida Dept. of State)
P21000035873	
(Docume	ent Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the co	rporation:
	The new
name must be distinguishable and contain the word "con "Inc.," or Co.," or the designation "Corp," "Inc," "chartered," "professional association," or the abbrev	rporation," "company," or "incorporated" or the abbreviation "Corp.," or "Co". A professional corporation name must contain the word viation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADD	
in the office daments in the state of the st	
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>
	
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	(City) , Florida (Zip Code)
	(City) Trip Code)
New Registered Agent's Signature, if changing Regi	stered Agent:
I hereby accept the appointment as registered agent. I	am familiar with and accept the obligations of the position.
	K1 9
	

Signature of New Registered Agent, if changing

Check if applicable

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

25

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)

Example:

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.

X Change	$\overline{\text{PT}}$	John Doe	
X Remove	<u>Y</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	Р	KOVACS, ANNAMARIA	3375 NW IST CT
Add			POMPANO BEACH, FL 33069
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

ach additional sheets, if necessary).	cles, enter chang (Be specific)				
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				 	 -
an amendment provides for an excl	ange, reclassific	ation, or cance	<u>llation of issu</u>	ed shares.	
rovisions for implementing the ame (if not applicable, indicate N/A)	ndment if not co	ntained in the	amenamen <u>i i</u>	iseii:	
(y nor appreasing marcune const					
				·-	
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			<u>.</u>		

•	6/11/2021	
The date of each amendment(s)	adoption:, if other	than the
date this document was signed.	06/11/2021	
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the l	block does not meet the applicable statutory filing requirements, this date will not be listed Department of State's records.	ed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without shareholder action and shareholder	Γ
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
☐ The amendment(s) was/were a must be separately provided for	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
bv	."	
7: <u></u>	(voting group)	
06/11/20	121	
Dated		
Signature	9	
selec	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	
	ANNAMARIA KOVACS	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	

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