

L14000147489

(Requestor's Name)

(Address)

(Address)

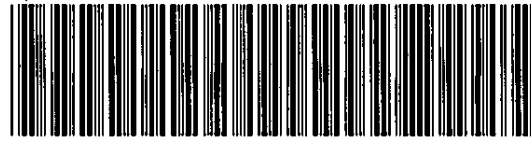
(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____



700263398497

09/24/14--01019--014 **25.00

Special Instructions to Filing Officer:

Fernando Terry

AUTHORIZATION BY PHONE TO

CORRECT Effective Date

DATE 10/6/14

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10/6/14

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TERRY & TERRY COMPANY, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

FERNANDO TERRY
Name of Person

TERRY & TERRY COMPANY, LLC
Firm/Company

1680 MICHIGAN AVE. # STE 700
Address

MIAMI BEACH, FL 33133
City/State and Zip Code

LETICIA TERRY@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LETICIA TERRY at (786) 247-0073
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

TERRY & TERRY COMPANY, LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 09/19/14 and assigned Florida document number L14000147489.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

TERRY & TERRY CO. LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1680 MICHIGAN AVE. STE 700
MIAMI BEACH, FL 33139

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1680 MICHIGAN AVE. STE 700
MIAMI BEACH, FL 33139

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

LETICIA TERRY

New Registered Office Address:

1680 MICHIGAN AVE. STE 700

Enter Florida street address

MIAMI BEACH, Florida 33139
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.

Leticia Terry
If Changing Registered Agent, Signature of New Registered Agent

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STATE OF FLORIDA
CLERK OF THE CIRCUIT COURT

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
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		_____	<input type="checkbox"/> Remove

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		_____	<input type="checkbox"/> Remove

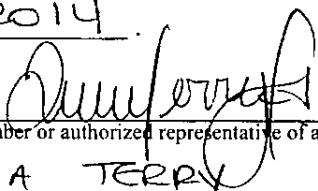
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 CLERK OF SUPERIOR COURT
 JACKSONVILLE, FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: ~~8/15/14~~ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated SEPTEMBER 23, 2014.



Signature of a member or authorized representative of a member

LETICIA TERRY

Typed or printed name of signee

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA