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COVER LETTER

TO:	Registration Se Division of Cor			
SUBJE	!4th. Terrac	re, LLC		
OODGE	···	Name of Lim	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		Harriet R. Ulino		
			Name of Person	
			Firm/Company	
		1820 Cornwallis Pkwy.		
	Address			
		Cape Coral, FL33904		
		hulino@comcast.net	City/State and Zip Code	
		E-mail address: (to be used for future annual report not	ilication)
For furtl	her information c	oncerning this matter, please c	all:	
Harriet	Ulino		239 910-8368 at ()	
	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclose	d is a check for th	ne 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 Addres	<u>ss:</u>	Street Address:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

14th Terrace, LLC		£25
Name of the Limited Liabi	lity Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number L25000011900		and assigned
This amendment is submitted to amend the following:		-, -
A. If amending name, enter the new name of the lin	nited liability company here:	
14th. Terrace. LLC		
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC" or t	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	PRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register	•	name of the new regist
agent and/or the new registered office address here:	•	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	ង
	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.

if amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Change
			□Add
			□Remove
			☐Change
			□Add
			□Change
			□Add
			□ Remove
			Change
			□Add
			Remove
			Change

f amending any other infort	nation, enter ch	1ange(s) here:	: (Attach additi	ional sheets, if i	necessary.)	
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Effective date, if other than to an effective date is listed, the date is Note: If the date inserted in this document's effective date on the	must be specific and block does not n	I cannot be prior t neet the applica			after filing.) Purst	
record specifies a delayed effect is filed.	tive date, but not	an effective tin	ne, at 12:01 a.m.	on the earlier o	f: (b) The 90th	day after th
January 10		2025	· ·			
Pated January 10	R. UL	_	·			2025 J
DatedWarriet	R. UL	_	·	e of a member		2025 J.C. 14