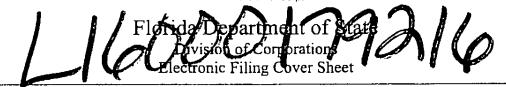
Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000270677<sub>,</sub>3)))



H170002706773ABC4

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : TCA FUND MANAGEMENT GROUP CORP.

Account Number : I20170000078 Рћоле

: (786)323-1650

Fax Number

; (786)323-1651

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Fmail Address:	

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TCA MONTBRIAR LLC

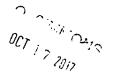
Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

PACISION C



## **COVER LETTER**

TO: Registration Section

Div	ision of Corp	orations	HITOU	1 +60 0 + + °
SUBJECT:	TCA Montbe	riar, LLC		
SUBJECT		Name of Limi	ted Liability Company	
The enclosed	d Articles of A	Amendment and fee(s) are subt	nitted for filing.	
Please return	all correspon	ndence concerning this matter t	to the following:	
		Nelson Lamis		
			Name of Person	
		TCA Fund Management Gr	roup	
		<del></del>	Firm/Company	
		19950 West Country Club	Drive, Suite 101	
			Address	
		Aventura, FL 33180		
			City/State and Zip Code	
		nlamis@tcaglobalfund.com		
		E-mail address: (	to be used for future annual report notif	ication)
For further i	information co	oncerning this matter, please ca	all:	
Nelson Lan	nis		786 323-1650 at ()	
	Name oi	f Person	Area Code Daytim	e Telephone Number
Enclosed is	a check for th	e 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

H17000270677-3

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

H17000270677-3

TCA Montbriar, 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 I	iability Company v	vere filed on September 26, 2016	and assigned	
Florida document number L16000179216	·			
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liabil	ity company here:		
The new name must be distinguishable and contain the	words "Limited Liabili	v Company," the designation "LLC" of	or the abbreviation "L.C."	
Enter new principal offices address, if appli			OCT 1	
(Principal office address MUST BE A STRE.	ET ADDRESS)		- 5 m	
Enter new mailing address, if applicable:			ج. اخ	
(Mailing address MAY BE A POST OFFICE	BOX)		· <u>*</u>	
			<del></del>	
B. If amending the registered agent and registered agent and/or the new registered of	•	•	enter the name of the new	
		,		
Name of New Registered Agent:	TCA Fund Mana	igement Group		
New Registered Office Address:	19950 West Cou	ntry Club Drive, Suite 101		
	Enter Florida street address			
	Aventura	, Flor	ida 33180	
		City	Zip Code	
New Registered Agent's Signature, if changing	Registered Agent:	#1 <sup>*</sup> )		

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.

Melson Hamus
If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3 H17000270677-3 MGR = Manager

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: H 17000270677-3

AMBR =	Authorized Member		•
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
		<del></del>	Change
			☐ Remove
		Ţ.	Change
	·		Add Respoye
			Change T
			☐ Change
			□ Remove
		•	□ Change
			Remove

·		4 1 7 00 C		
<del></del>				
		•		
				<del></del>
				مـ يت
				17 OCT
			·	<u> </u>
				·· 6
				=======================================
				<u> </u>
<del></del>				
ective date, if other than the a effective date is listed, the date mus	date of filing:		(optional)	
noffective date is listed, the date muster. If the date inserted in this bl	t be specific and cannot be prior ock does not meet the applic	to date of filing or more than	n 90 days after filing.) Purs irements, this date will i	uant to 605.0207 ( not be listed as t
current's effective date on the D	epartment of State's records.			
record specifies a delayed	d affective data but no	t an official time	at 12:01 a.m. on t	he earlier of:
he 90th day after the rec	ord is filed.	t an enective time,	Bt 12.01 B.M. On C	ine conner on
October 13	2017			
ed October 13,		<del></del> ·		
Y . 0 /	Son Rumer			
	Signature of a member or auth	orized representative of a m	ember	<del></del>
Nelson Lamis				

Page 3 of 3

Filing Fee: \$25.09