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.

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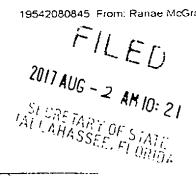
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## **COVER LETTER**

7.4

	Registration Se Division of Cor			
	TCP FL	ORIDA, LLC		
SUBJEC	JT:	Nume of Lim	ited Liability Company	<del></del>
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	aurn all correspo	ndence concerning this matter	to the following:	
			Nume of Person	
			Traine of Caron	
			Firm/Company	
			Address	
			15	
			Chy/State and Zip Code	
		akatz@domaintimb	eradvisors.com	
			to be used for future armual report notif	fication)
For furth	ner information o	oncerning this matter, please c	all:	
			at ()	e Telephone Nomber
	Name o	f Person	Area Code Daytim	e Telephone Number
		ne following amount:	☐ \$55.00 Filing <sub>i</sub> Fee &	□ \$60.00 Filing Fee,
Li \$2\$.	.00 Filing Fee	Certificate of Status	Certified Copy  (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
	ман	ING ADDRESS:	STREET/COURI	ER ADDRESS:
	Registr	ration Section on of Corporations	Registration Section Division of Corpor	11
	P.O. B	ox 6327 oxsee, FL 32314	Clifton Building 2661 Executive Co	
	1 211814	15500, FL 34314	Tallahassee, FL 32	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



TCP FLORIDA, LLC	i	$\circ nij$
(Name of the Limited Liability Compa (A Florida Limited U	ny as it nove appears on our reco. Liability Company)	rds.)
The Articles of Organization for this Limited Liability Company Plorida document number <u>L06000042742</u>	were filed on <u>04/21/2006</u>	and assigned
This amendment is submitted to amend the following:	.1.	
A. If amending name, enter the new name of the limited liab	ility company here:	
The new manie must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LI	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1230 Peachtree Street N	
Principal office address MUST BE A STREET ADDRESS)	Suite 3500	
1 Tricegan Inffice annie a	Atlanta, Georgia 30309	
Enter new mailing address, if applicable:	1230 Peachtree Street 1	NE
Mailing address MAY BE A POST OFFICE BOX	Suite 3500	
	Atlanta, Georgia 30309	
R. If amending the registered agent and/or registered o registered agent and/or the new registered office address her  Name of New Registered Agent:	ffice address on our recor	rds, enter the name of the ne
New Registered Office Address:	Enter Florida street ada	hrexx
	í	Florida
	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 Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

To: Page 6 of 7

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

τ

MGR = M $AMBR = A$	lanager athorized Member	1	
Title	Name	Address	Type of Action
MGR	Timbervest Crossover Partners, L.P.	3715 Northside Pkwy, Building 200, Ste 500	🗀 Add
		Atlanta, GA 30327	<b>Ø</b> Remove
			Change
MGR	William A. Boden	3715 Northslde Pkwy, Building 200, Ste 500	Add
		Atlanta, GA 30327	Remove
		· · · · · · · · · · · · · · · · · · ·	Change
MGR	Domain Environmental Investments, L.P.	1230 Peachtree Street NE, Ste 3500	<b>∕</b> ₩ ∨qq
		Atlanta, GA 30309	☐ Ramove
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The 9	Oth day after the record is filed.
	A 1 7 7 7 7 7 1 7 1 7 1 7 1 7 1 7 1
ited	August 2, 2017
	August 2, 2017  Menula Faley  Signature of a member or authorized representative of a member  Table Medicine II. C. the Manager of Domain Timber
	Mently -
	Signature of a member or authorized representative of a member  Macle Foley Managing Director of Domain Timber Holdings, LLC, the Manager of Domain Timber

Page 3 of 3

Filing Fee: \$25.00

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## \*\*\*PLEASE HONOR ORIGINAL DATE 08-02-17\*\*\*



August 3, 2017

FLORIDA DEPARTMENT OF STATE Division of Corporations

TCP FLORIDA, LLC 3715 NORTHSIDE PARKWAY BUILDING 200, SUITE 500 ATLANTA, GA 30327US

SUBJECT: TCP FLORIDA, LLC

REF: L06000042742

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.

Page 1 of 3 is missing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Pijeaux Regulatory Specialist FAX Aud. #: H17000202172 Letter Number: 917A00015713

