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COVER LETTER

· TO: Registration Section

Tallahassee, FL 32314

Div	ision of Cor	porations				
SUBJECT:	TCJV, LLC	;				
Name of Limited Liability Company						
the enclosed	1 Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return	all correspo	ndence concerning this matter	to the following:			
		Stephanie Miranda, Esq.				
			Name of Person	· · · ·		
		Luís E. Barreto & Associat	tes. P.A.			
			Firm Company			
		2600 S. Douglas Road, Sui	ite 507			
			Address			
		Coral Gables, FL 33134				
		· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code			
		smiranda@miamiprobate.co				
		E-mail address: (to be used for future annual report n	otification)		
For further in	nformation c	oncerning this matter, please or	all:			
Stephanie Miranda, Esq.		305 358-1771 at ()				
	Name o	f Person	Area Code Days	ime Telephone Number		
Enclosed is a	a check for ti	ne following amount:				
		S30.00 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)		
	iling Addres		Street Address:			
Registration Section		Registration Section				
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee				

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TOW LLC

(Name of the Lim	ited Liability Compa	inv as it now appears on our r Liability Company)	ecords.)		
The Articles of Organization for this Limited I				and assign	ed
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name of	of the limited liab	ility company here:			
NA					
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation	"LLC" or the abbrev	iation "L.L.C	."
Enter new principal offices address, if appli	2600 S. Douglas Road			<u></u>	
(Principal office address MUST BE A STRE.	Suite 507	<u>.</u>			
		Coral Gables, FL 33134	<u>:</u> _	. 2	
Enter new mailing address, if applicable:		2600 S. Douglas Road	201 171	23 SEP	
(Mailing address MAY BE A POST OFFICE	(BOX)	Suite 507	- T. S	1 1	-
		Coral Gables, FL 33134	ින ි දුනු ද		
B. If amending the registered agent and/or agent and/or the new registered office addresses		address on our records, <u>e</u>		the new r	egistered
Name of New Registered Agent:	Luis E. Barreto & Associates, P.A.				
New Registered Office Address:	2600 S. Dougla	as Road. Suite 507			
		Enter Florida street e	address		
	Coral Gables		Florida ³³¹³⁴		
		Ciņ·		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 obligations the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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>	Name	Address	Type of Action
MGR	ANNA SMITH RIVERA	3516 Bayshore Villas	
		Miami, FL 33133	■ Remove
			□Change
MGR	JOANNA SMITH NAVARRETE	NAVARRETE 2600 S. Douglas Road	= Add
		Suite 507	□Remove
		Coral Gables, FL 33134	□ Change
			□Remove
			□Change
			□Remove
			Change
			□Add
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			□Remove
			□Change

 						
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ective date, if oth neffective date is listed to the lift the date insert	er than the date of filing t, the date must be specific and ted in this block does not n	g: I cannot be prior to	date of filing or	more than 90 day	(optional) is after filing.) Put is this date will	suant to 605.020
	ate on the Department of S		, , , , , , , , , , , , , , , , , , , ,	3 1		
ecord specifies a dela is filed.	ayed effective date, but not	an effective tim	ne. at 12:01 a.m	. on the earlier	of: (b) The 90	th day after the
			\wedge			
ted	August 22	2023	-4	Si) Lite) ,
			l			
 	Signature of a	member or author	ized representativ	e of a member		

Filing Fee: \$25.00