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SECRETARY OF STATE TALLAHASSEE. FLORID.

C. LEWIS

JUL 22 2 2011

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: TCAR Real Estate 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:
Paulo De Bastos Name of Person
ICAN Red Estate UC Firm/Company
1234 Washington Ave
Migni Brach, FL 33139 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Paulo De Bastos at 95% 865-3165
Name of Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ \$55.00 Filing Fee \& \text{Certified Copy} \\ (additional copy is enclosed)\$\$ \$60.00 Filing Fee, \text{Certified of Status & Certified Copy} \\ (additional copy is enclosed)\$\$ \$40.00 Filing Fee, \text{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

FILED

2011 JUL 21 AM 10: 28

Real SECRETARY OF STATE TALLAHASSEE. FLORIDA ed 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 and assigned Florida document number <u>L</u> 110000 59 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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:

New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

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 608, 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

Zip Code

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

MGR = Manager

MGRM = Managing Member

Title <u>Name</u> Paulo De Bastos Remove ☐ Add Remove ☐ Add ☐ Remove ☐ Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated 07/20/2011 Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00