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COVER LETTER

TO: Registration Sect Division of Corp					
SUBJECT:	Summit TCP	Fund IV, LLC			
	Name of Limi	ited Liability Company			
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.			
Please return all correspond	dence concerning this matter	to the following:			
	Peri	y Dubinsky Name of Person			
		, runne of respons			
		lard Capital Firm/Company			
	2699	Stirling Rodd, Sui	te 8200		
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	Holly	Wood, FL 33312 City/State and Zip Code State and Zip Code Com Com Com Com Com Com Com Com Com Com Com Com Com Com Com Com Com Com Com Com Com Com Com Com Com Com Com Com Com Com Com Com Com Com Com Com Com Com Com Com Com Com Com Com Com Com Com Com Com Com Com Com Com Com Com Com Com Com Com Com Com Com Com Com Com Com Com Com Com Com Com Com Com Com		APR I	
	1114/013	City/State and Zip Code		<u></u>	****
	E-mail address: (1	to be used for future annual report notifi	cation)	\$ PH 2:	i
For further information co	ncerning this matter, please co		:	. 10	٠.
Perry Dubins	Ly	at (845) 661-19	50	134.6	
/ Name of	Person	Area Code Daytime	Telephone Number		
Enclosed is a check for the	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 enclose		
Perry Dubins Name of Enclosed is a check for the	Person following amount:	at (845) 661-19 Area Code Daytime \$55.00 Filing Fee & Certified Copy	☐ \$60.00 Filing Fee, Certificate of Status Certified Copy	` :⊃a	

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 27, 2015

PERRY DUBINSKY TAILLARD CAPITAL 2699 STIRLING ROAD, SUITE B200 HOLLYWOOD, FL 33312

SUBJECT: SUMMIT TCP FUND IV, LLC

Ref. Number: L15000022339

We have received your document for SUMMIT TCP FUND IV, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

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) 245-6050.

Diane Cushing Senior Section Administrator

Letter Number: 915A00006160

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Fund IX, U		
(<u>Name of the Limited Liabi</u> (A Florid	lity Company as it now app da Limited Liability Company	ears on our records.)	
The Articles of Organization for this Limited Liability Florida document numberL1500002233	Company were filed on _	2/5/15	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:	
The new name must be distinguishable and end with the words "L Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADD		he designation "LLC" or the	abbreviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office ad		on our records, <u>enter</u>	the name of the new
Name of New Registered Agent:	Daniel	Taillard	
New Registered Office Address:	Futor F	lorida street address	
	Emer F	ioi iaa sii eei uuu ess	
	City	, Florida _	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

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

MGR = Ma	anager uthorized Member		
Title	<u>Name</u>	Address	Type of Action
MGR	Harkham Acquisition	<u>15 4491 NW 19th St.</u> Lauderhill, FL 33313	🗖 Add
	C	Lauderhill, FL 33313	Remove
AMBR	Harkham Acquisition	5 4491 NW 19th St.	Add
	L	5 4491 NW 19th St. Lauderhill, FL 33313	Remove
			□ Add
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he effective date must be specific	, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the Florida Department of State)

4/13: Effective date intentionally left blank, as form indicates it as optional.

Page 3 of 3

Filing Fee: \$25.00

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