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2016 AUG 22 PH I2: 27

SECRETARY OF STATE

K.SALY EXAMINER

COVER LETTER

TO: Registration Se Division of Co			
TCOINV SUBJECT:	ESTMENTS, LLC		
	Name of Lim	ited Liability Company	· .
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	·
Please return all correspo	ondence concerning this matter	to the following:	
	RACHEL SIMS		
		Name of Person	
	T C O INVESTMENTS, L	TC	
		Firm/Company	
	21050 NE 38TH AVE #120	01	
		Address	
	AVENTURA, FL 33180		
	RACHEL@SIMSINTL.CO	City/State and Zip Code	
	E-mail address: (to be used for future annual report notifi-	cation)
For further information of	concerning this matter, please ca	all:	
RACHEL SIMS		305 799-8988 at ()	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	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 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

TO ARTICLES OF ORGANIZATION **OF**

•	TO)	
ARTI	CLES OF O	RGANIZATION	$\mathcal{L}_{\mathcal{L}}$
, , ,	OH	7	2016 AUG 22 PM 12: 27 and assigned PM 16: 27
			WI6Allo SO
T C O INVESTMENTS, LLC			13 Com 22 Au
(Name of the Limited	Liability Compan	y as it now appears on our records.) ability Company)	1/AHABAY 1/1/2.2.
			ASSEE STAN
The Articles of Organization for this Limited Lia	bility Company v	vere filed on MAY 20, 2015	and assigned R/
Florida document number E150000892931 L12	5000089231		""
Torida document number	•		
This amendment is submitted to amend the follow	wing:		
A If amonding name anton the new name of	the limited lighil	ity company home	
A. If amending name, enter the new name of	ine minieu nabii	ny company nere:	
The new name must be distinguishable and contain the wo	rds "Limited Liabilit	y Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:		
Principal office address MUST BE A STREET	ADDRESS)		
		21050 NE 38TH AVE #1201	
Enter new mailing address, if applicable:		AVENTURA, FL 33180	
(Mailing address MAY BE A POST OFFICE B	<u>(OX)</u>	AVENTURA, PL 33100	
B. If amending the registered agent and/o			enter the name of the new
registered agent and/or the new registered off	ice address here:	:	
Name of New Registered Agent:	RACHEL SIMS		
N D 1 1000 A11	21050 NE 38TH	AVE #1201	
New Registered Office Address:		Enter Florida street address	
	AVENTURA		33180
		, Florie	da Zip Code
		₩ F# 7	

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

or removed from our records:

MGR = 1 AMBR =	Manager Authorized Member		FILE	
<u>Title</u>	<u>Name</u>	Address	2016 AUG 22 PH 12: 27	Type of Action
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	4b 4b I-4	AUGUST 18	, 2016	(a-4;a	1)
ective date, it our	the date must be specif	fic and cannot be prior to	date of filing or more	than 90 days after	filing.) Pursuant to 605.03
	ted in this block does ate on the Department			equirements, this	date will not be listed
	a delayed effecti er the record is fi		an effective tim	ne, at 12:01 a	.m. on the earlier
HC JUH HAY ALL	er the record is n	neu.			
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ted	Signatura	Lecu	. S	ms a member	
·	Signature	of a member or author	ized representative of	a member	

Page 3 of 3

Filing Fee: \$25.00