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J. HARRIS

## **COVER LETTER**

Division of Co							
SUBJECT: Tuscan Gr	urdens Secured Income Fund Manager LLC						
Name of Limited Liability Company							
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.					
Please return all corresp	ondence concerning this matter	to the following:					
	Paula Barnett						
		Name of Person					
	Pino Nicholson PLLC Firm/Company						
	PO Box 1511  Address  Orlando, FL 32802  City/State and Zip Code						
	pbarnett@pinonicholsonlav						
	E-mail address: (	to be used for future annual report noti	fication)				
For further information	concerning this matter, please c	all:					
Paula Barnett		407 956-4245 at ( )					
Name	of Person	at () Area Code Daytim	e 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				

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 OF

Tuscan Gardens Secured Income Fund Manager LLC (Name of the Limited 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 June 9, 2015 and assigned Florida document number L15000100719 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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: m (Principal office address MUST BE A STREET ADDRESS) 717 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: Name of New Registered Agent: New Registered Office Address: Enter Florida street address . Florida \_ City

## 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 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>	<u>Name</u>	Address	Type of Action
MGR	Tuscan Gardens Management Group,	LLC189 S. Orange Ave., Ste. 1650	
		Orlando, FL 32801	■ Remove
			Change
MGR	MGR Tuscan Gardens Management Corporation	189 S. Orange Ave., Ste. 1650	Add
		Orlando, FL 32801	□ Remove
			Change
		□ Add	
			☐ Remove
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an eff l <u>ote:</u> ocum	ve date, if other than the date of filing:  ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 of the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a ent's effective date on the Department of State's records.  Ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
	both day after the record is med.
The	
The	June 23, 2015 August H Juw
The	June 23, 2015  Signature of a member or authorized representative of a member
	June 23, 2015  Signature of a member or authorized representative of a member  Janet Horvath-Pino
The	June 23, 2015  Signature of a member or authorized representative of a member  Janet Horvath-Pino

Filing Fee: \$25.00