

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000141483 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Number : I20080000067

Account Name : VCORP SERVICES, LLC

Phone : (845) 425-0077

Fax Number

: (845)818-3588

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TCA - GO GREEN SPV, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

K. SALY

MAY 25 2017

Electronic Filing Menu

Corporate Filing Menu

Help

FAX:845 818 3588 P.002/004

FILED

2017 MAY 24 AM 90 01

FALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TCA - GO GREEN SPV, LLC		
(Name of the Limited Liability Compan (A Florida Limited L	ex as a new appears on ear record	₽)
The Articles of Organization for this Limited Liability Company	were filed on <u>03/16/2016</u>	and assigned
Florida document number L16000054178		-
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liabi</u>	lity company here:	
The new name must be distinguishable and contain the words "Limited Liability	ty 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)		
	ALC:	
Enter new mailing address, if applicable:		·
Malling address MAY BE A POST OFFICE BOX		
3. If amending the registered agent and/or registered off egistered agent and/or the new registered office address here:		, enter the name of the
THE TAXABLE STREET WITH THE VIEW LESS STREET OF ALLESS WITH COR HELE.	· · · · · ·	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flo	
	City'	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, Simunture 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	TCA Global Credit Master Fund, LP	19950 West Country Club Drive, 1st Ploor	
		Aventura, FL 33180	Remove
		,	☐ Change
MGR	Oregory Felix	19950 West Country Club Drive	III Add
		lat Floor	☐ Ramove
		Aventura, FL 33180	Change
	**		Add
			Romand P. C. E. Change
···			THE PROPERTY OF THE PROPERTY O
		i mpt Ar	Change
			□ Remove
			Change
			Remove
			Change

· · · · · · · · · · · · · · · · · · ·		<u> </u>	
			<u> </u>
			TALL AHRES
			70
			F.F.S.
			925
	***************************************		-
		á,	
Mective date, if other than the on effective date is listed, the date must ote; If the date inserted in this blocument's effective date on the Document's	ock does not meet the applicab	date of filing or more than 90 d le statutory filing requireme	_(optionsi) nys after filing.) Pursuant to 605.0207 (3)(t nts, this date will not be listed as the
e record specifies a delayed The 90th day after the reco	l effective date, but not ord is filed.	an effective time, at 1	2:01 a.m. on the earlier of:
ated May 24	2017		
1 1	-/	.	
/) AT.	4)		
Thegy Is	Signature of a member or author	zed representative of a member	

Page 3 of 3

Filing Fee: \$25.00