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.

(((H18000279821 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TCA FUND MANAGEMENT GROUP CORP.

Account Number : I20170000078 Phone : (786)323-1650 Fax Number : (786)323-1651

**Enter	the	email	address	for	this	business	entity	to	be	used	for	future	ļ
an	nual	report	t mailin	gs.	Enter	only on	e email	addr	ess	; ple	ase.	**	

Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TCA EP WORLD LLC

RECEIVED SEP 2 5 2013

Certificate of Status	0
Certified Copy	0
Page Count	05
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TO:

H18000279821-3

## **COVER LETTER**

TO:	Registration Se Division of Cor									
e ma m		TCA EP World, LLC								
SUBJI	EC1:	Name of Lin	nited Liability Company	<del></del>						
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.							
Please	return all correspo	ondence concerning this matter	to the following:							
		Nelson Lamis								
		TCA Fund Management G	Name of Person							
	Firm/Company 19950 West Country Club Drive, Suite 101									
		Aventura, FL 33180	Address							
		nlamis@teacap.com	City/State and Zip Code							
For fur	ther information c	E-mail address: ( oncerning this matter, please co	to be used for future annual report natifi	cation)						
	Lamis	oncerning and matter, process of	786 323-1650							
	Name o	f Person	Area Code Daytime	Telephone Number						
Enclos	ed is a check for th	e following amount:								
□ \$2 <i>!</i>	5.00 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

TCA EP World, LLC

company has been notified in writing of this change.

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H18000279821-3

(Name of the Limited Liability Compar (A Florida Limited L	y na it now appears on our records ability Company)	<u>.</u> )
The Articles of Organization for this Limited Liability Company vi Florida document number L16000161064	were filed on 08/29/2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	16 B
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:		22 1
(Principal office address MUST BE A STREET ADDRESS)	<u>.</u>	0
Enter new malling address, if applicable:		9 20
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here.  Name of New Registered Agent:		, enter the name of the n
New Registered Office Address:	Enter Florida street address	
		rida
<del></del> -	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p		

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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

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 = M AMBR = A	anager uthorized Member	H18000279821-3			
<u>Title</u> MGR	Name Alexander J. Lopez	Address 19950 West Country Club Drive Suite 101	Type of Action		
		Aventura, FL 33180	□ Remove		
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			Add		
			☐ Remove		
			☐ Change		
<del></del>			Add		
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). If amending any other inf	ormation, enter change(s) here: (Attac	ch additional sheets, if necessary.)
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Effective date, if other tha	n the date of filing:	(optional)
(If an effective date is listed, the da	te must be specific and cannot be prior to date of f	filing or more than 90 days after filing.) Pursuant to 605.0207 tory filing requirements, this date will not be listed as
	the Department of State's records.	,,
the record specifies a del ) The 90th day after the	ayed effective date, but not an effe record is filed.	ective time, at 12:01 a.m. on the earlier of

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Nelson Lamis, authorized representative

Filing Fee: \$25.00

Signature of a member or authorized representative of a member

Typed or printed name of signee

H18000279821-3