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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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COVER LETTER

Division of Corporations
SUBJECT: TLC Investment Properties LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Franky Destine Name of Person
TLC INVESTMENT Properties LLC Firm/Company
1717 N Bayohare Dr. Suite 2042 Address
Miami, FL 33132 City/State and Zip Code
HCINVESTMENT PROPERTIES AMAIL COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Franky Destine at (404) 735-9523 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$\$ Certificate of Status \$\Bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)}\$\$\$ 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

TLC Investment Proper peres 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 $\frac{4/07/2017}{17000079037}$ and assigned	
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:	_
Principal office address MUST BE A STREET ADDRESS) Principal office address MUST BE A STREET ADDRESS)	FILE
Mailing address MAY BE A POST OFFICE BOX)	1
B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here:	<u>1ew</u>
Name of New Registered Agent:	
New Registered Office Address: Enter Florida street address	-
, Florida	
City Zip Code New Registered Agent's Signature, if changing Registered Agent:	

N

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 = A	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Innocent Aighogun	1717 N Buydrere Dr. 2042 Miam.	FL MAdd
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(If an effective Note: If the		te must be specific a his block does not	nd cannot be pri meet the appl	icable statutory		_ (optional) lays after filing.) Purs ents, this date will t		
	specifies a del h day after the			not an effect	ive time, at 1	2:01 a.m. on t	he earlie	er of:
L	1/2/18		_ ,	<u></u> .				

Page 3 of 3

Filing Fee: \$25.00