

L 17000109972

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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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 annual report mailings. Enter only one email address please.****

Email Address: _____

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18 SEP 25 PM 8:26
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
TCA ITS SOLAR, LLC

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SEP 26 2018

COVER LETTER

H18000279835-3

**TO: Registration Section
Division of Corporations**

SUBJECT: TCA ITS Solar, 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:

Nelson Lamis

Name of Person

TCA Fund Management Group

Firm/Company

19950 West Country Club Drive, Suite 101

Address

Aventura, FL 33180

City/State and Zip Code

nlamis@tcacap.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nelson Lamis

786

323-1650

at (_____) _____

Name of Person

Area Code

Daytime 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 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

H18000279835-3

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

H18000279835-3
SEP 25 PM 8:26
FILED
TALLAHASSEE, FLORIDA

TCA ITS Solar, 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 05/17/2017 and assigned
Florida document number L17000109972.

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) _____

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 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, Signature of New Registered Agent

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
--------------	-------------	----------------	-----------------------

MGR

Alexander J. Lopez

Address

19950 West Country Club Drive
Suite 101

Type of Action

 Add

Aventura, FL 33180

☐ Remove

_ ☐ Change

□ Add

☐ Remove

Change

☐ Add☐ Remove☐ Change

 Add

☐ Remove☐ Change

 Add

☐ Remove☐ Change☐ Add

Remove

Change

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ADD
REMOVE
CHANGE
ADD

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NY 000474025 - J

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated September 25, 2018

Nelson Barnes

Signature of a member or authorized representative of a member

Nelson Lamis, authorized representative

Typed or printed name of signee

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Filing Fee: \$25.00

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