L17000 118421

(Re	equestor's Name)			
(Ad	ldress)			
(Ad	(dress)			
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Ви	isiness Entity Nan	ne)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to	Filing Officer:			

Office Use Only



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COVER LETTER

TO:

Registration Section

Division of Cor	porations		
SUBJECT:	REAL ESTATE 88	,LLC	
	Name of La	imited Liability Company	
The enclosed Articles of .	Amendment and fee(s) are su	ubmitted for filing.	
Please return all correspo	ndence concerning this matte	er to the following:	
		MARC LEWIN	
		Name of Person	
		TCII Capital 6	prosp
	2429 Ho	Hywood Blud., #300	>
		Lolly wood, FL 33 City/State and Zip Code	
	<u></u>	arc@tciicapital.	(on)
	E-mail address	: (to be used for future annual report noti	fication)
For further information co	oncerning this matter, please	cail:	
MA	AC LEWIN	ar (305) AB	4 7496
Nume of	Person	at (30 5) 9 8 Area Code Daytim	e Telephone Number
Enclosed is a check for th	e 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)
Registr	NG ADDRESS:	STREET/COURI Registration Section	n
P.O. Be		Division of Corpor Clifton Building	
Tallaha	ssee, FL 32314	2661 Executive Ce	nter Circle

Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<u> </u>
oears on our records.) y)
5 30 17 and assigned
<u>here</u> :
ne designation "L.L.C." or the abbreviation "L.L.C."
ne designation "LLC" or the abbreviation "L.L.C."
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on our records, enter/the fame of the
mc 3 CT
(S
<u> </u>
P.
Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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>	Name	Address	Type of Action
			□ Remove
			☐ Change
			□ Add
			□ Remove
			Change
			Add
			□ Remove
			Change
			Remove
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(If an effective) Note: If the	te, if other than the date of late is listed, the date must be speci date inserted in this block does affective date on the Departmen	tic and cannot be prior in not meet the applications.			
	specifies a delayed effect day after the record is f		t an effective time,	at 12:01 a.m. on the	earlier of:
Dated	atober 2	4 2019	<u> </u>		
			Jus	17	
_	Signatur	e of a member or autho	rized representative of a	nembdr	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00