

L17000174381

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H170003013103)))



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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: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
TCA JOLIN FOODS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Corporate Filing Menu

Help

J. LEGGETT
NOV 16 2017

COVER LETTER

TO: Registration Section
Division of Corporations

H17000301310-3

SUBJECT: TCA Jolin Foods, 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@tcaglobalfund.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 (_____) _____
Area Code Daytime Telephone Number

Name of Person

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

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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:

MGR = Manager

AMBR = Authorized Member

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<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Alyce Schreiber	19950 West Country Club Drive	<input type="checkbox"/> Add
		Suite 101	<input checked="" type="checkbox"/> Remove
		Aventura, FL 33180	<input type="checkbox"/> Change
MGR	Jacquelyn Gogin	19950 West Country Club Drive	<input type="checkbox"/> Add
		Suite 101	<input checked="" type="checkbox"/> Remove
		Aventura, FL 33180	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

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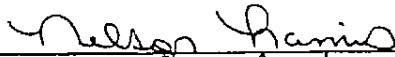
E. Effective date, if other than the date of filing: _____ (optional)

(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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated November 15, 2017



Signature of a member or authorized representative of a member

Nelson Lamis

Typed or printed name of signer

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Filing Fee: \$25.00

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