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Florida Department of State

Division of Corporations Electronic Filing Cove: Sheet

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(((H17000301310 3)))



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	Fax Number	rporations : (850)617-6383	
From:			
	Account Name	: TCA FUND MANAGEMENT GROUP CORP.	-
	Account Number	: I20170000078	
	Phone	: (786)323-1650	
	Fax Number	: (786)323-1651	
*Enter ann	the email address nual report maili	s for this business entity to be used for ngs. Enter only one email address please.	futur

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

Certificate of Status	0
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Estimated Charge	\$25.00

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Corporate Filing Menu

Help



COVER LETTER

TO:		istrution Sec ision of Corp		HI	7000301310-3
		TCA Jolin F	oods, LLC	• •	700001310-3
SUBJE	CT:		Name of Limi	led Liability Company	
The enci	losed	l Articles of A	Amendment and fee(s) are subr	nitted for filing.	
			idence concerning this matter t		
			Nelson Lamis		
				Name of Person	
			TCA Fund Management Gr	quo	
				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 not	ification)
For furt	her i	nformation co	oncerning this matter, please ca	all:	
Nelson	Lam	nis		786 323-1650	
		Nanie o	f Person	Area Code Daytie	ne Telephone Number
Enclose	ed is	a check for th	se following amount:		
■ \$25	5.00 1	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 Divisio	ING ADDRESS: Pation Section On of Corporations ON 6327	STREET/COUR Registration Section Division of Corporation Building	
			ox 6327 issee, FL 32314	2661 Executive C	Center Circle

H17000301310-3

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H17000301310-3

TCA Jolin Foods, 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 Compa	iny were filed on August 15, 20	and assigned
Florida document number L17000174381	; .á	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	lability company here:	
TCA Hydroponics Supply, LLC		
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "l	LLC" or the abbreviation "L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRESS	2	
		# # 0
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registered registered agent and/or the new registered office address Name of New Registered Agent: New Registered Office Address:	here:	
New Registered Office / Realess.	Enter Florida street aa	ldress
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agented	ent:	
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compaccept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	lete performance of my duties as provided for in Chapter 6	i, and I am Jamiliar with and 05, F.S. Or, if this document is
	•-	

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If Changing Registered Agent, Signature of New Registered Agent

H17000301310-3

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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Title	<u>Name</u>	Address	Type of Action
MGR	Alyce Schreiber	19950 West Country Club Drive	
		Suite 101	■ Remove
		Aventura, FL 33180	☐ Change
MGR	Jacquelyn Gogin	19950 West Country Club Drive	
		Suite 101	■ Remove
		Aventura, FL 33180	☐ Change
		. <u>F</u>	Add
			□ Remove
			Change
			□ Add
			□ Remove
			Change
 .		to .	D Add
			□ Remove
			☐ Change
		:	Add
			□ Remove
HI:	ZANO 201210-3		Change

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Affective date, if other than the ran effective date is listed, the date must Note: If the date inserted in this bloodingners's effective date on the Defective date on the Defective date.	ock does not meet the	appucable simul	iling or more than 90 ory filing requirem	_ (optional) hys after filing.) ents, this date w	Pursuant to 605.0207 (3)(ill not be listed as the
e record specifies a delayed The 90th day after the rec	effective date, bord is filed.	ut not an effe	ective time, at 1	. 2:01 a .m. o	n the earlier of:
Dated November 15	2017	·			
	. Q. :	\wedge			
- Y Well	Signature of a member of	or authorized repr	esentative of a membe	r:	

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Filing Fee: \$25.00