

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000276408 3)))



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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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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TCA HYDROPONICS SUPPLY, LLC

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

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Corporate Filing Menu

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COVER LETTER

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CHDIE	TCA Hydro	oponics Supply, LLC		
JUDJE	CI	Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub		
Please r	etum all correspo	endence concerning this matter	to the following:	
		Nelson Lamis		
		· 	Name of Person	
		TCA Fund Management G	roup	
			Firm/Company	
		19950 West Country Club	Drive, Suite 101	
			Address	
		Aventura, FL 33180		
		nlamis@teacap.com	City/State and Zip Code	-
		E-mail address: (to be used for future annual rep	port notification)
For furt	her information c	oncerning this matter, please ca	all:	
Nelson	Lamis		786 323-l	650
	Name o	f Person	at () Area Code	Daytime Telephone Number
Enclose	d is a check for th	ne following amount:		
■ \$2 5	.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	Certificate of Status &

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS: Registration Section

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

H18000276408-3

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ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION H18000276408-3 **OF**

TCA Hydroponics Supply, 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 08/15/2017 _____ and assigned Florida document number L17000174381 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 "LLC." 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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter 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.

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

H 18000276408-3

MGR = N $AMBR = A$	lanager authorized Member	H 18000	2701003
Title	<u>Name</u>	Address	Type of Action
MGR	Alexander J. Lopez	19950 West Country Club Drive, Suite 101	■ Add
		Aventura, FL 33180	
			□ Remove
			☐ Change
			□ Add
			☐ Remove
			Change
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			SEL ROOVE
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e: If the date inserted in this blo ament's effective date on the Do	be specific and cannot be prior to date the does not meet the applicable spartment of State's records. effective date, but not an	e of filing or more than 90 days afte tradutory filing requirements, th	is date will not be listed
ic Jour day diter the rect	is is nico.		
September 21	2018		
- Milson	Signature of a member or authorized	representative of a member	
	<u> </u>	• •	
Nelson Lamis, authorize			

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Filing Fee: \$25.00

LLC AMND / RESTATE / CORRECT OR M / MG RESIGN TCA HYDROPONICS SUPPLY, LLC FAX AUDIT: H18000276408-3

To: Division of Corporations

7863231651

Fax: 850-617-6383

From: TCA Fund Management Group Corp

Acct: I20170000078

Phone: 786-323-1650

Fax: 786-323-1651

On Friday, September 21, 2018, it appears that the Florida Department of State, Division of Corporations may have received the following documents electronically as landscape, rather than portrait.

While I have not received a letter from your office regarding the "holding" of these documents, I have received a letter for others that were sent that day. An audit of our fax transmittals shows that this might have been one of the problem files.

I am taking the proactive step of resending this now, in the hopes that this will expedite the filing and recording of the amendment.

Our apologies if this is a duplicate and was not received in your office as landscape.

Sincerely,

Nelson Lamis nlamis@tcacap.com

M Ramis

RECENTED SEP 25 2013

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