7863231651 9/21/2018

Division of Corporations Electronic Filing Cover Sheet

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.

(((H180002763873)))



H180002763873ABC9

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

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.

Fmail	Address:	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN NATIONAL HEALTHCARE CENTER, LLC

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

Corporate Filing Menu

Help

9/26/1895"

Registration Section

TQ:

COVER LETTER

H18000276387-3

Div	dsion of Cor	porations		
SUBJECT:		ealthcare Center, LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The encloses	d Articles of	Amendment and fec(s) are sub	mitted for filing.	
Please returr	ı all correspo	ondence concerning this matter	to the following:	
		Nelson Lamis		
			Name of Person	······································
		TCA Fund Management G	roup	
		1,9950 West Country Club	Firm/Company Drive, Suite 101	
			Address	
		Aventura, FL 33180		~. t
		nlamis@tcacap.com	City/State and Zip Code	
			to be used for future annual report not	ification)
For further i	nformation c	oncerning this matter, please co	all:	
Nelson Lam	is		786 323-1650 st ()	
	Name o	f Person	Area Code Daytin	se Telephone Number
Enclosed is	s check for th	ne following amount:		
≅ \$25.00 F	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

H18000276387-3

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

H18000276387-3

National Healthcare Center, ELC (Name of the Limited Liabili	ty Company as it now appears on our re-	cords.)
(A Florida	a Limited Liability Company)	
The Articles of Organization for this Limited Liability C Florida document number L17000260806	Company were filed on 12/22/2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	nited 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 ADDI	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered agent and/or the new registered office add	stered office address on our reco tress here:	ords, enter the name of the
registered agent antibol the new registered office and		
Name of New Registered Agent:		
New Registered Office Address:		
THE REGISTER OF THE PROPERTY.	Enter Florida street aa	(U/C3)
110W REGIMENCE CITIES I COMMING		. Florida

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

Page 1 of 3

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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		H18000276387-3		
<u>Title</u>	Name	Address	Type of Action	
MGR	Alexander J. Lopez	19950 West Country Club Drive, Suite 101		
		Aventura, FL 33180		
			□ Remove	
			Change	
			□ Add	
			☐ Remove	
			Change	
			□ Add	
			Remove	
			Change	
			D;Add	
			☐ Remove	
			Change	
			C Remove	
			☐ Change	
				
			□ Remove	
			Change	

H 1800	0276387-3
	<u> </u>
	2.3
	. ,
ffective date if other than the date of filing:	(optional)
ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to do lote: If the date inserted in this block does not meet the applicable ocument's effective date on the Department of State's records.	te of filing or more than 90 days after filing.) Pursuant to 605.02 statutory filing requirements, this date will not be listed to
e record specifies a delayed effective date, but not an The 90th day after the record is filed.	effective time, at 12:01 a.m. on the earlier
ated September 21 2018	
Signature of a member or authorized	
Signature of a member or authorized	representative of a member
Nelson Lamis, authorized representative	

Page 3 of 3

Filing Fee: \$25.00

H 18000276387-3

1/6

LLC AMND / RESTATE / CORRECT OR M / MG RESIGN NATIONAL HEALTHCARE CENTER, LLC

FAX AUDIT: H18000276387-3

To: Division of Corporations

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