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| TO: Registration Se Division of Cor | | | | | | |
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| . 14 745 142 CV41 | TFTC Management, LLC Name of Limited Liability Company | | | | | |
| NOBJECT: | | | | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | | | | |
| Please return all correspo | ndence concerning this matter | to the following: | | | | |
| | Jonathan Edderai | | | | | |
| | | Name of Person | | | | |
| | Edderai Law, P.A. | | | | | |
| | | Firm/Company | | | | |
| | 18851 NE 29th Ave., Suite | 2 750 | | | | |
| | | Address | | | | |
| | Aventura, FL 33180 | | | | | |
| | City/State and Zip Code | | | | | |
| | jonathan@wolfferscohen.co | | | | | |
| ~ | | to be used for future annual report notifi | ication) | | | |
| For further information c | oncerning this matter, please ca | all: | | | | |
| Jonathan Edderai | | 305 785-5657 at () | | | | |
| Name o | f Person | | Telephone Number | | | |
| Enclosed is a check for the | ne 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 radditional 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2018 NOV 20 PM 12: 56

TFTC Management, LLC (Name of the Limited Liability Company as it now appears on our records) (A Florida Limited Liability Company) TALL AHASSEE, Fi The Articles of Organization for this Limited Liability Company were filed on February 26, 2018 _____ and assigned Florida document number ± 18000051761 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: TFTC Capital Management, LLC 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 of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address _, Florida _**_**_ 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:

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
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| Note | etive date, if other than the effective date is listed, the date must lift the date inserted in this blument's effective date on the D | lock does not meet the applic | cable statutory filing requi | (optional) 90 days after filing.) Pursuant rements, this date will not b | to 605,0 se listed |
| | ecord specifies a delayed se 90th day after the rec | | ot an effective time, a | at 12:01 a.m. on the ϵ | earlier |
| Date | November 9 | 2018 | | | |
| Date | | 1//// | 2 | | |
| | $\subset \sim$ | 1/1/11/11 | > | | |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00