

L18000163871  
Division of Corporations  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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(((H18000276401 3)))



H180002764013ABCS

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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.\*\***

Email Address: \_\_\_\_\_

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TALLAHASSEE, FL

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
TCA BROWARD COLLISION, LLC**

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UCS  
9-26-18

**COVER LETTER**

TO: Registration Section  
Division of Corporations

H 18000276401-3

SUBJECT: TCA Broward Collision, 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@tcacap.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

Name of Person

at ( )

Area Code

Daytime Telephone Number

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

H 18000276401-3

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

*H 18000276401-3*

TCA Broward Collision, 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 07/06/2018 and assigned  
Florida document number L18000163871.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Broward Collision TCA, LLC

The new name must be distinguishable and contain the words "Limited 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 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*

*City*

*Florida*

*Zip Code*

**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

*H 18000276401-3*

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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

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<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Alexander J. Lopez	19950 West Country Club Drive, Suite 101 Aventura, FL 33180	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add <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.

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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 September 21, 2018

Nelson Lamis

Signature of a member or authorized representative of a member

Nelson Lamis, authorized representative

Typed or printed name of signer

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September 24, 2018

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

TCA BROWARD COLLISION, LLC  
19950 WEST COUNTRY CLUB DRIVE  
SUITE 101  
AVENTURA, FL 33180US

SUBJECT: TCA BROWARD COLLISION, LLC  
REF: L18000163871

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Landscape copy was faxed, we need portrait copy.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott  
Regulatory Specialist II

FAX Aud. #: H18000276401  
Letter Number: 018A00019875

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