

L18 000163872

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

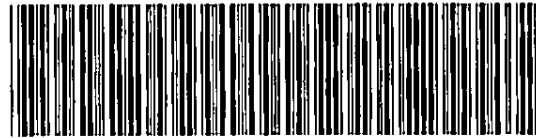
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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09/27/18--01020--015 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
18 SEP 27 AM 6:29

N COOPER

OCT 01 2018

CLARK HILL

Paige M. Krause
T 312.517.7507
F 312.517.7573
Email: pkrause@clarkhill.com

Clark Hill PLC
130 East Randolph Street
Suite 3900
Chicago, IL 60601
T 312 985 5900
F 312 985 5999
clarkhill.com

September 26, 2018

VIA FEDEX OVERNIGHT DELIVERY

Department of State
Division of Corporations
Clifton Building
2661 Executive Center Cir.
Tallahassee, FL 32301

Re: Filing Request – Articles of Amendment for TGC New Castle LLC

Dear Division of Corporations:

Enclosed please find one executed copy of the Articles of Amendment to Articles of Organization for TGC New Castle LLC, along with a check made payable to Florida Department of State in the amount of \$25.00 for the filing fee. Please cause the Articles of Amendment to be filed and kindly return the file-stamped copy to my attention using the prepaid return envelope enclosed herewith.

Please contact me should you have any questions or need any further information.

Very truly yours,

CLARK HILL PLC



Paige M. Krause

Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TGC NEW CASTLE 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:

Paige M. Krause

Clark Hill PLC
Name of Person

Firm/Company
130 E. Randolph Street, Ste. 3900

Address
Chicago, IL 60601

City/State and Zip Code
guy@tidegatecapital.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Paige Krause _____ at (312) 517-7507
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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

TGC NEW CASTLE 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 JULY 6, 2018 and assigned
Florida document number L18000163872.

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 "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)

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DIVISION OF CORPORATE
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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

City

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

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	TIDEGATE PROPERTIES LLC	PO Box 283A 457 Washington Street Duxbury, MA 02331	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	TIDEGATE PROPERTIES LLC	PO Box 283A 457 Washington Street Duxbury, MA 02331	<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
			<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

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

18 SEP 27 AM 6:29

SECRETARY OF STATE
DIVISION OF CONCORDANCE
18 SEP 27 AM 6:29

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.

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 25, 2018

Signature of a member or authorized representative of a member

GUY HOLBROOK

Typed or printed name of signee

Return Shipment Instructions



Return Shipment Instructions

1. Place the shipping label on the container's most visible side away from seams.

2. Ship your package one of three ways:

- Use your regular scheduled pickup.
- Drop off at FedEx. Find your closest location at fedex.com/locate or by calling 1.800.GoFedEx 1.800.463.3339.
- Schedule a pickup. No account number required but label information may be needed. Go to fedex.com/returnpickup for FedEx Ground labels with "G" or "PRP" or call 1.800.GoFedEx 1.800.463.3339 and say:
 - o "Return Manager" or "PRP" for FedEx Ground labels with "G" or "PRP"
 - o "Express Return" for FedEx Express labels with "E" or "Biltable Stamp"

Prepare Your Package With Care.

- Use an appropriate container, cushioning materials and at least three strips of packing tape.
- If reusing packaging, remove or black out old shipping labels including their barcode(s).

Special Instructions from the merchant:

ORIGIN ID: TLHA (312) 985-5537
 DIVISION OF CORPORATIONS
 DEPARTMENT OF STATE
 2661 EXECUTIVE CENTER CIR
 CLIFTON BUILDING
 TALLAHASSEE, FL 32301
 UNITED STATES US

SHIP DATE: 26SEP18
 ACTWGT: 1.00 LB
 CNO: 104848232/NET/4040

TO **PAIGE M. KRAUSE**

CLARK HILL PLC

130 E. RANDOLPH

SUITE 3900

CHICAGO IL 60601

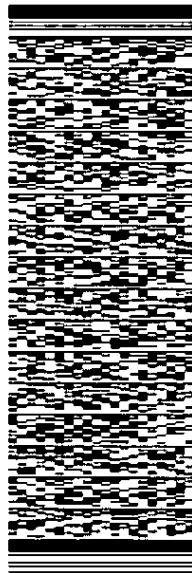
(312) 985-5537

REF: MATTER #33932

PO

DEPT

RMA:



RETURNS MON-FRI

PRIORITY OVERNIGHT

ASR

TRK# 7908 7826 3316

0221

60601

IL-US



1. Select the 'Print' button to print 1 copy of each label.
2. The Return Shipment instructions, which provide your recipient with information on the returns process, will be printed with the label (s).
3. After printing, select your next step by clicking one of the displayed buttons.

Note: To review or print individual labels, select the Label button under each label image above.

Use of this system constitutes your agreement to the service conditions in the current FedEx Service Guide, available on fedex.com. FedEx will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim. Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of \$100 or the authorized declared value. Recovery cannot exceed actual documented loss. Maximum for items of extraordinary value is \$500, e.g., jewelry, precious metals, negotiable instruments and other items listed in our Service Guide. Written claims must be filed within strict time limits, see current FedEx Service Guide.