## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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From:

Account Name : BILZIN SUMBERG BAEMA PRICE & AMELROD LLP

Account Number: 075350000132 Phone : (305)374-7580 Fax Number :- (305)351-2102

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vva@bilzin.com Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TCG ALLAPATTAH 14 FAMILY, LLC.

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TCG ALLAPATTAH 14 FAMILY, LLC.			
(Name of the Limited Liability Compa (A Florida Limited I	nv as it now appears on our liability Company)	records.)	
The Articles of Organization for this Limited Liability Company Florida document number L20000138091	were filed on 05/27/2020	)	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
TCG ALLAPATTAH 14 FAMILY, LLC			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation	m "LLC" or the abbr	evintion "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
(Francipal office data en 27 et 27 e			
the state of the s			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		····	
			· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:	address on our records.	, <u>enter the name</u>	of the new registered
New Registered Office Address:			
NOW ROGISSION STATE OF THE PARTY OF THE PART	Enter Florida stree	et address	
		, Florida	
	Cuy		Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	e performance of my die provided for in Chapte	ties, and 1 am Jo r 605, F.S. Or, i	mittar with and f this document is
If Cha	anging Registered Agent, Sig	nature of New Reg	istered Agent

MGR = Manager

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ır	amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person	being added
	removed from our records:	

AMBR = .	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			ElAdd
			ElRemove
			□Change
			ElAdd
			□Remove
			□Change
	•		[] Add
			[]Remove
			□Add
			[]Remove
		47	
			□ Add
			[]Remove
			[]Change
			□Add
			☐Remove
			☐ Change

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Tective date, if other than th	e date of filing:			(optio	nal)
Tective date, if other than the an effective date is listed, the date mote: If the date inserted in this occument's effective date on the	ust be specific and c block does not me	annot be prior to d et the applicable	ate of filing or more statutory filing	than 90 days after	filing ) Pursuant to 605.0
record specifies a delayed effect is filed.	ive date, but not a	n effective time	at 12:01 a.m. on	the earlier of: (b)	The 90th day after
ated		2020			
/s/ Lissette	Calderon Signature of a mi	ember or authoriz	ed representative o	f a member	
	_				
Lissette Calderon					

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