L20000358769

(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name)	
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•	· · · · · · · · · · · · · · · · · · ·	ČOVER LETTER	
TO: Registration Se Division of Cor			
•	OPP Fund I LCC		
SUBJECT:	Name of Lim	ited Liability Company	
		, ,	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Travis Goad		
		Name of Person	
	TGCA		
		Firm/Company	
	2500 Weston Road, Ste 31		
		Address	
	Weston, FL 33331		
	travis@tgcapitaladvisors.co	City/State and Zip Code	
	~ .	to be used for future annual report not	(fication)
For further information c	concerning this matter, please c	all:	
Travis Goad		954 579-4934 at ()	
Name c	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for t	ha fallamina amanut		
S25.00 Filing Fee	\$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	☐ \$60,00 Filing Fee,
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	alian
Registration by Division of C		Registration Se Division of Co	
P.O. Box 633		The Centre of	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

DocuSign Envelope ID: 6744F904-0D09-4D97-A1A7-74E697FE68C9

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TGCA Pet Opp Fund I LCC (Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) lability Company)	
The Articles of Organization for this Limited Liability Company of Florida document number L20000358769	were filed on 11/12/2020	and assigned
This amendment is submitted to amend the following:		20
A. If amending name, enter the new name of the limited liabi	lity company here:	°∴' 2021 FEB
		Ī
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or	the abbreviation CD.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		. ယ္ <u>*</u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	171	1
	City:	Zip Code
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: TGCA Pel Opp Fund I, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "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 agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Enter Florida street address		

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

DocuSign Envelope ID: 6744F904-0D09-4D97-A1A7-74E697FE68C9
Trainchorized rerson(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>	Address	Type of Action
			□ Remove
			□Change
			□Add
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Note: If the	date inserted	than the date e date must be sp in this block d on the Departi	oes not me	et the applic	rable statute	ling or more the	(or nan 90 days al quirements, 1	otional) ther filing.) Pu	င်း ဆီ	0
record spec d is filed.	rifies a delaye	d effective date	:, but not a	n effective t	ime, at 12:0) I a.m. on th	ne earlier of:	(b) The 9	Oth day after	the
Dated		/3/2021			•					
	Travis a									

Filing Fee: \$25.00