

L21000274470

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

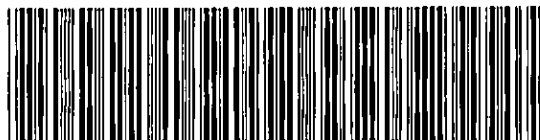
(Business Entity Name)

(Document Number)

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FILED  
JUN 16 AM 9:12  
JUN 16 AM 11:45  
JUN 16 AM 11:45

JUN 17 2021

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195  
REFERENCE : 866056 7550102  
AUTHORIZATION :   
COST LIMIT : \$ 30.00

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ORDER DATE : June 16, 2021  
ORDER TIME : 9:39 AM  
ORDER NO. : 866056-005  
CUSTOMER NO: 7550102

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DOMESTIC AMENDMENT FILING

NAME: TCC MOTORWORKS MANAGER, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT  
       RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
XX        CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER'S INITIALS: \_\_\_\_\_

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** TCC MOTORWORKS MANAGER, 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:

K. SHAYLAN BALDWIN

\_\_\_\_\_  
Name of Person

TRILOGY REAL ESTATE GROUP, LLC

\_\_\_\_\_  
Firm/Company

520 W. ERIE STREET, SUITE 100

\_\_\_\_\_  
Address

CHICAGO, IL 60654

\_\_\_\_\_  
City/State and Zip Code

SBALDWIN@TRILOGYREG.COM

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

For further information concerning this matter, please call:

K. SHAYLAN BALDWIN

312 750-0900

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

TCC MOTORWORKS MANAGER, 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 JUNE 11, 2021 and assigned  
Florida document number L21000274470

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 "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*

*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

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>                      |
|--------------|-------------|-------------------------------|--|
| MGR          | NEIL GEHANI | 14200 NW 42ND AVE., SUITE 819 | <input type="checkbox"/> Add               |
|              |             | OPA LOCKA, FL 33054           | <input checked="" type="checkbox"/> Remove |
|              |             |                               | <input type="checkbox"/> Change            |
| MGR          | AARON WEISS | 14200 NW 42ND AVE., SUITE 819 | <input checked="" type="checkbox"/> Add    |
|              |             | OPA LOCKA, FL 33054           | <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            |

[illegible]

(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)

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 JUNE 15 2021

  
Signature of a member

Signature of a member or authorized representative of a member

K. SHAYLAN BALDWIN

Typed or printed name of signee

**Filing Fee: \$25.00**