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W

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

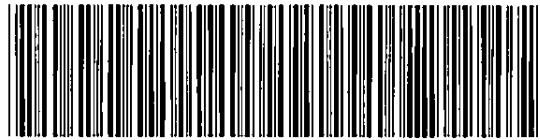
(Business Entity Name)

(Document Number)

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2024 FEB 28 PM 2:33  
FILING OFFICE

**TO: Registration Section  
Division of Corporations**

Name of Limited Liability Company

Please return all correspondence concerning this matter to the following:

Name of Person

Firm/Company

Address

City State and Zip Code

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

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

Daytime Telephone Number

☒ \$60.00 Filing Fee.  
 Certificate of Status &  
 Certified Copy  
 (additional copy is enclosed)

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**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**

TCG Eastview 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 May 25, 2022 and assigned  
Florida document number L22000230442.

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)**

86 NE 5th Ave

Delray Beach, FL 33483

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

86 NE 5th Ave

Delray Beach, FL 33483

**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:

Allen Parets

New Registered Office Address:

11355 Horizon Rd

*Enter Florida street address*

Parkland

*City*

Florida 33076

*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	Allen Parets	11355 Horizon Rd	<input type="checkbox"/> Add
		Parkland, FL 33076	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	KAP Construction Group LLC	11355 Horizon Rd	<input checked="" type="checkbox"/> Add
		Parkland, FL 33076	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

[illegible]

**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.

Dated February 22, 2024

Allen Parets

**Filing Fee: \$25.00**