Division of Corporations

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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H180002581743)))



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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : BILZIN SUMBERG BAENA FRICE & ANEEROD LLF

Account Number : 075350000132 Phone : (305)374-7580

Fax Number : (305)351-2122

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please; ** ()

Email	Address:	
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DEP-11 PH 3:54

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TCG RIVER OAKS LLC

Certificate of Status	0
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S. PRATHER

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION	I (1-4 must be completed)
Name of limited liability Company as it appears State: TCG RIVER OAKS LLC	on the records of the Florida Department of
Enter new principal office address, if applicable:	
(<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE ROX)	
2. The Florida document number of this limited liab	bility company is: M18000008043
 Jurisdiction of its organization: Delaware Date authorized to do business in Florida: 8/3 	
SECTION II (5-9 complete only the applicable of	
•	t contain "Limited Liability Company," "L.L.C.," or "LLC.")
TCG RIVER OAKS, LLC (If name unavailable, enter alternate name adopted copy of the written consent of the managers or man must contain "Limited Liability Company," "L.L.C.	i for the purpose of transacting business in Florida and attach a naging members adopting the alternate name. The alternate name C." or "LLC.")
6. If amending the registered agent and/or registered registered agent and/or the new registered office at	ed officer address on our records, enter the name of the new ddress here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida Straet 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.

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	. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:								
Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.	le/ Capacity	Name	<u>Address</u>	Type of Action					
Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.				Add					
Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), dufy authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized. /s/Alexander B. Roitman				Remov					
Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.	 _			Add					
Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized. /s/Alexander B. Roitman			· ————————————————————————————————————	Remo					
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Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized. /s/Alexander B. Roitman				Add					
aforementioned amendment(s), duly authenticated by the official having clistody of records in the jurisdiction under the law of which this entity is organized. /s/Alexander B. Roitman				Remo					
/s/Alexander B. Roitman	aforementioned at	mendment(s), duly authenticated b	in the ourcist ustrud englody of record						
Signature of the authorized representative	•	/s/Alexander B. R	oitman	, , , , , , , , , , , , , , , , , , ,					
Alexander B. Roitman		-		r <u>t</u>					
Alloxatia D. Frontina.		Typed or pr	inted name of signee	 ග					

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Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "TCG RIVER OAKS, LLC" IS DULY FORMED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS

OF THE THIRTY-FIRST DAY OF AUGUST, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TCG RIVER OAKS, LLC" WAS FORMED ON THE NINETEENTH DAY OF DECEMBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAKES HAVE BEEN PAID TO DATE.

6669594 8300

SR# 20186454189

You may verify this certificate online at corp.delaware.gov/authver.shtml

JECTRY M. BUBOCK, Secrebary of SUM

Authentication: 203347845

Date: 08-31-18