

LD2000 024123

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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WAIT

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MAIL

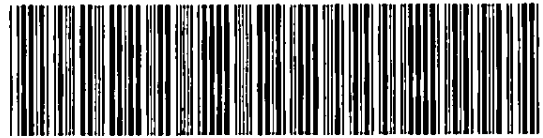
(Business Entity Name)

(Document Number)

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FILED
2019 NOV 22 AM 9:42
SECRETARY OF STATE
TALLAHASSEE, FL 32399

Y SULKER
DEC 30 2019

November 21, 2019

Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: 2019 LLC Articles of Amendment

Dear Sir or Madam,

Please find enclosed one check in the amount of \$775.00 for the Articles of Amendment for the following thirty-one (31) Florida LLCs:

FF AGRICO, LLC	Kukui Foundation, LLC
NCFRP-166, LLC	NCT-1 COR 2:9, LLC
NCT-107, LLC	NCT-112, LLC
NCT-122, LLC	NCT-135, LLC
NCT-136, LLC	NCT-137, LLC
NCT-142, LLC	NCT-143, LLC
NCT-145, LLC	NCT-146, LLC
NCT-149, LLC	NCT-150, LLC
NCT-154, LLC	NCT-155, LLC
NCT-156, LLC	NCT-162, LLC
NCT-163, LLC	NCT-164, LLC
NCT-167, LLC	NCT-169, LLC
NCT-170, LLC	NCT-171, LLC
NCT-172, LLC	NCT-173, LLC
NCT-174, LLC	NCT-175, LLC
Tever 111, LLC	

Thank you,



Bradley Orr
President,
NCF Corporation
BOrr@ncfgiving.com

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: FF AGRICO, 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:

BRADLEY ORR

Name of Person

NCF CORPORATION

Firm/Company

1901 ULMERTON RD., STE 400

Address

CLEARWATER, FL 33762

City/State and Zip Code

BORR@NCFGIVING.COM

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

For further information concerning this matter, please call:

BRADLEY ORR

404 252-0100
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

FF AGRICO, 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 September 17, 2002 and assigned
Florida document number L02000024123.

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)

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:

1901 ULMERTON RD., STE 400

Enter Florida street address

CLEARWATER, Florida 33762

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.

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>
_____	_____	_____	<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
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_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

. NONE

(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)

(b) The 90th day after the record is filed.

Dated _____, _____

 Signature of a man

Signature of a member or authorized representative of a member

BRADLEY ORR

Typed or printed name of signee