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| (Requestor's Name) | | | | | |
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| (Address) | | | | | |
| (Address) | | | | | |
| (City/State/Zip/Phone #) | | | | | |
| PICK-UP WAIT MAIL | | | | | |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
| Certified Copies Certificates of Status | | | | | |
| Special Instructions to Filing Officer: | | | | | |
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S. HAWKES

MAR 1 5 2010

EXAMINER

COVER LETTER

| TO: | Registration S Division of Co | | | | | | | |
|--|----------------------------------|---|---|-----|--|--|--|--|
| SUBJECT: N & C 2, LLC | | | | | | | | |
| Name of Limited Liability Company | | | | | | | | |
| | | | | | | | | |
| The enclosed Articles of Amendment and fee(s) are submitted for filing. | | | | | | | | |
| Please | return all correspondent | ondence concerning this matter | to the following: | | | | | |
| | | _ | | | | | | |
| Tommy | | | / D. Permenter, Jr., Esquire Name of Person | | | | | |
| • | | The F | Downsonton Love Firm D.A. | | | | | |
| | | ine F | Permenter Law Firm, P.A. Firm/Company | | | | | |
| | E 20th Avenue Suite 202 | | | | | | | |
| 2201 S.E. 30th Avenue, Suite 202 Address | | | | | | | | |
| Ocolo Florido 24471 | | | | | | | | |
| Ocala, Florida 34471 City/State and Zip Code | | | | | | | | |
| Tommy@Permenterlaw.com E-mail address: (to be used for future annual report notification) | | | | | | | | |
| For fur | ther information (| concerning this matter, please c | | | | | | |
| 701 141 | the information | onecoming this matter, prease c | an. | | | | | |
| | | Permenter, Jr., Esquire | at (352) 622-1811 Area Code & Daytime Telephone Number | | | | | |
| | Name | 11 (30) | Area code de Dayume Perephone Number | | | | | |
| Enclos | sed is a check for t | he following amount: | | | | | | |
| | 5.00 Filing Fee | \$30.00 Filing Fee & Certificate of Status | \$55.00 Filing Fee & \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) | ed) | | | | |
| MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | | ration Section on of Corporations ox 6327 | 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

| | N & C 2, LLC | | | | | |
|---|---|------------------------|--|--|--|--|
| (Name of the Limited Li | ability Company as it now appear orida Limited Liability Company) | rs on our records.) | | | | |
| (A F) | orida Limited Liability Company) | | 1.0 6. | | | |
| The Articles of Organization for this Limited Liab | ility Company were filed on | 06/22/06 | and assigned | | | |
| Florida document numberL0600006328 | 84 | | LED STEEL FLO | | | |
| Florida document number | | | 0 a 10 | | | |
| | | | TO 3 | | | |
| This amendment is submitted to amend the following | no' | | 200 | | | |
| The different is such that to differe the follows | g. | | 67 5 | | | |
| A. If amending name, enter the new name of th | e limited liability company her | e: | TO THE PERSON OF | | | |
| · · · · · · · · · · · · · · · · · · · | | <u>-</u> - | T | | | |
| | N & C 2 - 729, LLC | | | | | |
| The new name must be distinguishable and end with the | ne words "Limited Liability Compa | my," the designation " | LLC" or the abbreviation | | | |
| "L.L.C." | | | | | | |
| | | | | | | |
| Enter new principal offices address, if applicable | e: | | | | | |
| (Principal office address MUST BE A STREET A | ADDRESS) | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Enton many modifies address if a subtraction | | | | | | |
| Enter new mailing address, if applicable: | | | | | | |
| (Mailing address MAY BE A POST OFFICE BO | <u>(X)</u> | | | | | |
| • • • • • • • • • • • • • • • • • • • | | | | | | |
| | | | | | | |
| | | | | | | |
| B. If amending the registered agent and/or | registered office address on o | our records, enter | the name of the new | | | |
| registered agent and/or the new registered office | e address here: | | | | | |
| | | | | | | |
| | | | • | | | |
| Name of New Registered Agent: | | | | | | |
| | | | | | | |
| New Registered Office Address: | | | | | | |
| | Enter Florida street address | | | | | |
| | | | | | | |
| - | Cit. | , Florida | Zip Code | | | |
| | City | | zip Coae | | | |

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member <u>Title</u> **Name Address** Type of Action Remove Add Remove □Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated 3-10-10 2010 Signature of a member or authorized representative of a member

Page 2 of 2

Filing Fee: \$25.00

Michael Clay Wigelsworth, Trustee, Managing Member of N & C, LLC

Typed or printed name of signee