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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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COVER LETTER

| TO: | Registration Ser Division of Corp | | | | | |
|--------------|--------------------------------------|--|---|--|--|--|
| CUDI | NCT-1 COF | R 2:9, LLC | | | | |
| SUBJ | ECT: | Name of Lim | ited Liability Company | | | |
| The en | nclosed Articles of a | Amendment and fee(s) are sub | mitted for filing. | | | |
| Please | return all correspon | ndence concerning this matter | to the following: | | | |
| | | BRADLEY ORR | | | | |
| | | | Name of Person | | | |
| | | NCF CORPORATION | | | | |
| | | | Firm/Company | | | |
| | 1901 ULMERTON RD., STE 400 | | | | | |
| | | | Address | | | |
| | | CLEARWATER, FL 3376 | 52 | | | |
| | | • | City/State and Zip Code | | | |
| | | BORR@NCFGIVING.CO | | | | |
| | | E-mail address: (| to be used for future annual report notif | ication) | | |
| For fu | rther information co | oncerning this matter, please co | all: | | | |
| BRAD | DLEY ORR | | 404 252-0100 | | | |
| | Name of | f Person | at () Area Code Daytime | Telephone Number | | |
| Enclos | sed is a check for th | e following amount: | | | | |
| ■ \$2 | 5.00 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NCT-1 COR 2:9, LLC

| (Name of the Lin | nited Liability Comp (A Florida Limited | any as it now appears on Liability Company) | our records.) | | | |
|---|--|--|----------------|-----------------|----------------|---------|
| The Articles of Organization for this Limited lorida document number L06000085521 | Liability Company | were filed on August | 29, 2006 | | _ and as | ssigned |
| This amendment is submitted to amend the fo | llowing: | | | | | |
| A. If amending name, enter the new name | of the limited liab | oility company here: | | | | |
| he new name must be distinguishable and contain the | words "Limited Liabi | ility Company," the design | ation "LLC" or | the abbrev | riation "I | L.C." |
| Inter new principal offices address, if appli | | | | | | |
| (Principal office address MUST BE A STREET ADDRESS) | | 1901 ULMERTON F | RD., STE 400 | | | |
| | | CLEARWATER, FL | 33762 | - | - | |
| nter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE</u> | EBOX) | 1901 ULMERTON R | RD., STE 400 | | -63 | |
| | | CLEARWATER, FL | 33762 | PSE . | 6107 | |
| s. If amending the registered agent and egistered agent and/or the new registered of | Vor registered of | ffice address on our | records, er | iter-the | NOV mme | of-the |
| agent and the new registered to | mice aguress ner | <u>c</u> . | | : -:: | | 711 |
| Name of New Registered Agent: | | | | | α . | U |
| New Registered Office Address: | 1901 ULMERT | ON RD., STE 400 | | 3 .4 | · - | |
| | | Enter Florida str | reet address | _ | - | _ |
| | CLEARWATE | R | , Florida | 33762 | | |
| | | City | , | | ip 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 = A | Authorized Member | | |
|--------------|-------------------|-------------|----------------|
| <u>Title</u> | <u>Name</u> | Address | Type of Action |
| | | | Add |
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| (If an eff Note: | ve date, if other than the date of filing: (optional) ettive 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records. |
| | ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed. |
| Dated | |
| Dated | |
| | Signature of a member or authorized representative of a member |
| | Signature of a member or authorized representative of a member |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00