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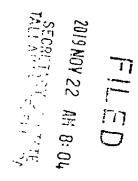
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COVER LETTER

TO:	Registration Se Division of Cor						
SUBJEC	NCT-122, 1	LLC					
SUBJEC	∠¥; <u>,</u>	Name of Limited Liability Company					
The encl	osed Articles of	Amendment and fcc(s) are sub	mitted for filing.				
Please re	eturn all correspo	ndence concerning this matter	to the following:				
		BRADLEY ORR					
			Name of Person				
		NCF CORPORATION					
		-	Firm/Company				
		1901 ULMERTON RD., S	TE 400				
			Address				
		CLEARWATER, FL 3376	2				
			City/State and Zip Code				
		BORR@NCFGIVING.COM	М				
		E-mail address: (to be used for future annual report notifi	cation)			
For furth	er information c	oncerning this matter, please ca	all:				
BRADL	EY ORR		at ()				
	Name o	f Person	Area Code Daytime	Telephone Number			
Enclosed	i is a check for th	ne following amount:					
= \$ 25.	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-122, LLC			
(Name of the Limi	ted Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited L Florida document number L06000123045	were filed on December 28, 2006	and assigned	
This amendment is submitted to amend the foll	lowing:		
A. If amending name, enter the new name of	of the limited liab	pility company here:	
The new name must be distinguishable and contain the v		lity 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)		1901 ULMERTON RD., STE 400	
		CLEARWATER, FL 33762	
Enter new mailing address, if applicable:		1901 ULMERTON RD., STE 400	TATE OF THE PROPERTY OF THE PR
(Mailing address MAY BE A POST OFFICE BOX)		CLEARWATER, FL 33762	2
B. If amending the registered agent and registered agent and/or the new registered o			enter the name of the new
Name of New Registered Agent:	<u> </u>		
New Registered Office Address:	1901 ULMER	FON RD., STE 400 Enter Florida street address	
		2	
	CLEARWATE	, rivi k	
		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>	Address	Type of Action
MGRM	NCF CORPORATION	1901 ULMERTON RD., STE 400	□ Add
		CLEARWATER, FL 33762	
			□ Remove
		- 	■ Change
			□ Add
			Remove
			Change
			Add
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Note: If i	date, if other than the date of filing: (optional) ve 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)(the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the 's effective date on the Department of State's records.
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: Oth day after the record is filed.
Dated	
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	BRADLEY ORR

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00