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## **COVER LETTER**

TO:

Registration Section

Division of Co	rporations			
SUBJECT:	NC	-128, LLC		
Name of Limited Liability Company				
	f Amendment and fee(s) are sul			
riease return an corresp	ondence concerning this made	to the following.		
		Aimee Minnich Name of Person		
		Servant Foundation	TAC.	2010 JAN 22
		Firm/Company		
	706 N			
			FLORIDA	PH 3: 58
	Olathe, KS 66062 City/State and Zip Code			25
	aminn E-mail address: (	ich@servantchristian.com to be used for future annual report notifica	tion)	
For further information	concerning this matter, please of		·	
	imee Minnich	#: \	38-7841	
Name of Person		Area Code & Daytime T	elephone Number	
Enclosed is a check for	the following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is end	
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		STREET/COURIED Registration Section Division of Corporati Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ons er Circle	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	NC1-128, LLC	
(Name of the Limited Liabil (A Florid	ity Company as it now appears on our rec a Limited Liability Company)	coras.)
The Articles of Organization for this Limited Liability Florida document number		28, 2006 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	201 SE
Richm	nond Charitable LLC	
The new name must be distinguishable and end with the w"L.L.C."	vords "Limited Liability Company," the desi	gnation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		기유 <b>포 (1</b>
(Principal office address MUST BE A STREET ADI	DRESS)	<u> </u>
		75 <b>8</b>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
TARREST HUMI COS MARA BELLA COSA CA A COM BOSS		
B. If amending the registered agent and/or reg registered agent and/or the new registered office ac		s, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida s	street address
	, FI	orida
	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 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

Title Name | **Address Type of Action** Trent Richmond MGR 214 White Horse Dr ✓ Add Norton, KS 67654 Remove ☐ Add Remove Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) December 15 2009 Dated\_ Signature of a member or authorized representative of a member **Trent Richmond** Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00