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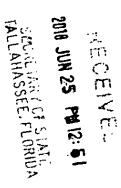
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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COVER LETTER

Division of Co	ESTMENTS, LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	CORRADO MANGIAFIO		
		Name of Person	
	NC1 INVESTMENTS, L		
		Firm Company	
	3501 KEYSER AVE, #1		
		Address	
	HOLLYWOOD, FL 3302		
	GM33021@AOL.COM	City State and Zip Code to be used for future annual report in	
For further information e	h-mail address (oncerning this matter, please co		of(Beation)
CORRADO MANGIAF	ICO	954 9633356	
Name o	f Person	at ()	ime Telephone Number
Enclosed 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)
	ING ADDRESS:	STREET/COU	RIER ADDRESS:

Registration Section Division of Corporations

TO:

Registration Section

P.O. Box 6327 Tallahassee, F1 32314 Registration Section Division of Corporations Clifton Building 2001 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NC1 INVESTMENTS, LLC		
(Name of the Limited Liability Con (A Florida Limi	mpany as it now appears on our record ted Erability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Compa	any were filed on 6/29/2007	and assigned
Florida document number L07000068539		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited I	liability company here:	
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LA.C	"Or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		201
Principal office address MUST BE A STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·	
		7 7 0
		SE
Enter new mailing address, if applicable:	A	
Mailing address MAY BE A POST OFFICE BOX)		10 S
		G 0
 If amending the registered agent and/or registered egistered agent and/or the new registered office address in the second agent. 		s, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	4.3
		orida
	City	Zsp 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	SEBASTIANA MANGIAFICO	3501 KEYSER AVE #14	= Add
	·	HOLLYWOOD, FL 33020	Remove
			☐ Change
		· · - · - · · · · · · · · · · · · ·	
			□ Remove
			Change
			TALLAHASS
			TALLIAHASSEE, FLORIDA
			Remove
			□ Change
			□ Add
			Remove
			☐ Change
			☐ Remove
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ective date, if other than the date of filing:	(option	nal)	
ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing or the list of the classification of the list			
te: If the date inserted in this block does not meet the applicable statutory fill nument's effective date on the Department of State's records.	ng requirements, this c	iate win ii	or oc fisic
record specifies a delayed effective date, but not an effective	time, at 12:01 a.i	m. on tr	ie earlie
he 90th day after the record is filed.			
ed			
Carlo Mil)			
Signature of member or authorized representative			
Signature of A member or authorized representative	e of a member		

Page 3 of 3

Filing Fee: \$25.00