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OLANGE OF CORPORATIONS

JAN 1 4 2020 C Nichial R

Division of Corporations	,
SUBJECT: NC MMM 1932 LLC	
Name of Limited Liability Company	Je na 1
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
MARCEUO DI SAND Name of Person	%
NC MMM 1932 LLC Firm/Company	
1200 Fox Creek Dr. Address	
City/State and Zip Code Marcull c - At Santo @ mail. com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Warcello Di Sando at 94 217 9011 Name of Person at 94 Daytime Telephone Number	
Enclosed is a check for the following amount:	
Z \$25.00 Filing Fee \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address: Street Address:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

TO ARTICLES OF ORGANIZATION

NC MMM IC	132 VC
(Name of the Limited (A	Florida Limited Liability Company)
The Articles of Organization for this Limited Liab	Elability Company as it now appears on our records.) Florida Limited Liability Company) solity Company were filed on 8/13/2007 and assigned
Florida document number <u>10700082</u>	.861.
This amendment is submitted to amend the follow	ring:
A. If amending name, enter the new name of the	ae limited liability company here:
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:
(Principal office address MUST BE A STREET.	ADDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BQ	
Maning address MAT BE A FOST OFFICE BO	<u></u>
B. If amending the registered agent and/or reg	istered office address on our records, <u>enter the name of the new registered</u>
agent and/or the new registered office address	uere.
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Reg	isterea 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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Mariella Di Santo		
		FL, 34240	Remove
			DAdd
		<u>. </u>	□Remove
			□Change
	 		🗆 Add
			□Remove
			□ Change
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			🗆 Add
			□Remove
			□Change

Page 2 of 3

·	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	<u> </u>
-	
an effect lote: If	e date, if other than the date of filing:
	rd 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.
ated <u></u>	Jov. 29, 2019
	Signature of a member or authorized representative of a member
	Marcello Di Santo Typed or printed name of signee