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11 MAR 18 ANTH 30
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B. BOSTICK
MAR 2 2 2011
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	• .
SUBJECT: NTC T	Name of Limited Liability Company
The enclosed Articles of Amendment	and fee(s) are submitted for filing.
Please return all correspondence con-	erning this matter to the following:
	Stephan F Stanfel, EA
	UTC Financial LLC Firm/Company
_6	DOS Dixie Hwy #411
. <u>We</u> :	Starfelon teting annual report notification) Starfelon teting code E-mail address: (to be used for future annual report notification)
For further information concerning the	s matter, please call;
Stephan F S	at D 538 990 Ass — Area Code & Daytime Telephone Number
	amount: Filing Fee & \$\sumsyline{\sumsyline

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

,	`		
ntc Kin	jancial		
(Name of the Limited Liabilit (A Florida		appears on our recor	rds.)
(A Fiorida	Limited Liability Con	1 1	
The Articles of Organization for this Limited Liability	Company were filed o	on <u>2/28/2</u>	Oll and assigned
Florida document number <u>L 1100002487</u>	<u>D</u> .		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability compa	ny here:	
The new name must be distinguishable and end with the wo	ords "Limited Liability	Company," the design	ation "LLC" or the abbreviation
Enter new principal offices address, if applicable:			<u> </u>
(Principal office address MUST BE A STREET ADD	RESS)		51 5 7
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			OR : 3
			D A
B. If amending the registered agent and/or registered agent and/or the new registered office add		s on our records,	enter the name of the new
Name of New Registered Agent:		····	
New Registered Office Address:		P. Charles	
	Enter Florida street address		
	<u> </u>	, Flor	ida Zip Code
	City		Lip Coae

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.

MGR = Manager MGRM = Managing Member **Type of Action** <u>Title</u> Name **Address** MGRM ☐ Add Remove ☐ Add ☐ Remove ☐ Add Remove **7** Add Remove Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary. Signature of a member or authonized representative of a member Typed or printed name of signee

· 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:

Page 2 of 2

Filing Fee: \$25.00