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(Ci	ity/State/Zip/Phone	e #)
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SECRETARY OF STATE
SECRETARY OF STATE

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COVER LETTER

Division of Cor			
NCFJ INV	ESTMENTS LLC		
SUBJECT:	Name of Lim	ited 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:	
	NILTON FREGNI		
		Name of Person	
	EXPAT CONSULTING (CORP	
	· · · · · · · · · · · · · · · · · · ·	Firm Company	
	8615 COMMODITY CIR	CLE, SUITE 11	
		Address	
	ORLANDO - FL. ZIP.34.	747	
	ACC@EXPATCONSULT	City/State and Zip Code ING.COM	
	_	to be used for future annual report no	otification)
For further information c	oncerning this matter, please co	ali:	
NILTON FREGNI		407 7451112	
Name o	f Person	Aiea Code Dayt	ime Telephone Number
Enclosed is a check for the	he 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

NCFJ INVESTMENTS LLC (<u>Name of the Limited Liability</u> (A Florida I	Company as it now appears on our records. Limited Liability Company)	ì
The Articles of Organization for this Limited Liability Co Florida document number <u>L11000118144</u>	ompany were filed on 10/14/2011	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and contain the words "Lamit	ted Liability Company," the designation "LLC"	or the attly eviates "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDR.	ESS)	- <u>1844</u> - W
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		FLORIDA FLORIDA
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr	tered office address on our records ress here:	, enter the name of th
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres:	<i>S</i>
	, Flo	orida
	City	Zio 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
AMBR .	ENZO SALLES FATUCH	8615 COMMODITY CIRCLE, ST	
-		ORLANDO - FL - 32.819	≘ Remove
			☐ Change
AMBR E	ETTORE SALLES FATUCH	8615 COMMODITY CIRCLE, SI	□ Add
		ORLANDO - FL.32.819	■ Remove
			☐ Change
AMBR	ENRICO SALLES FATUCH 861	8615 COMMODITY CIRCLE, SU	
		ORLANDO - FL. 32819	■ Remove
			Change
			Add
			Remove CHANGE OF REMOVE CHANGE CHAN
			☐ Change
			🗅 Remove
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F. Effective	date, if other than the date	e of filino:		(optional)	
(If an effect	ive date is listed, the date must be s the date inserted in this block of	pecific and cannot be prior to	o date of filing or more than	90 days after filing.) Pursua	nt to 605,020°
documen	t's effective date on the Depart	ment of State's records.	one standary tring requir	the stay that the will live	t ve maca
	rd specifies a delayed eff Oth day after the record		an effective time, a	t 12:01 a.m. on the	earlier o
(5)	otti day diter the record	.5			
	7/27	2018	_ ·		
Dated		2 .			
Dated	21	124 D -			

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Filing Fee: \$25.00