

L14000036369

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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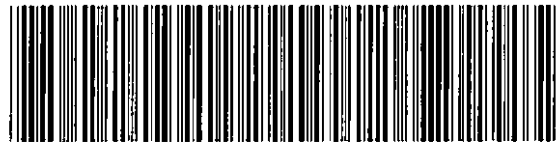
(Business Entity Name)

(Document Number)

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2023 SEP 25 AM 8:56

A. PARISHANI

OCT 07 2023

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: FCNMF 21, LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Stephanie R. Jaros

\_\_\_\_\_  
Name of Person

Kutak Rock LLP

\_\_\_\_\_  
Firm/Company

1625 Eye Street, NW, Suite 800

\_\_\_\_\_  
Address

Washington, DC 20006

\_\_\_\_\_  
City/State and Zip Code

maria.s.barnes@bofa.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stephanie R. Jaros

703 5935918

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the 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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

FCNMF 21, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on March 4, 2014 and signed  
Florida document number LI4000036369

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

BOA NMKT XXXVI LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

401 E Las Olas Blvd

Fort Lauderdale, FL 33301-2211

Mailstop: FL6-812-18-02

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

100 Federal Street

Boston, MA 02110

Mailstop: MA5-100-04-11

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

CT Corporation System

New Registered Office Address:

1200 South Pine Island Road

*Enter Florida street address*

Plantation

*City*

Florida 33324

*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 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

Laura Broderick  
Assistant Secretary

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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>	<u>Address</u>	<u>Type of Action</u>
MGR AMBR	BOA Lotus Village Investment Fund, LLC	100 Federal Street	<input checked="" type="checkbox"/> Add
		Boston, MA 02110	<input type="checkbox"/> Remove
		Mailstop: MA5-100-04-11	<input type="checkbox"/> Change
MGR AMBR	Florida Community Loan Fund, Inc.	800 N Magnolia Avenue, Suite 106	<input type="checkbox"/> Add
		Orlando, FL 32803	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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2021-05-25 AM 8:57

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

September 25, 1994

*[Handwritten Signature]*

Signature of a n

John Baer

**Filing Fee: \$25.00**