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## **COVER LETTER**

	Registration Se Division of Cor						
	NCVAD, L						
SUBJEC	CT:	Name of Lim	ited Liability Company				
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing				
		ndence concerning this matter	•				
		MICHAEL NIEDERST					
			Name of Person				
		NM RESIDENTIAL, LLC	:				
Firm/Company							
151 SOUTHHALL LANE, SUITE 150							
Address							
		MAITLAND, FL 32751					
		MNIEDERST@NMRESID	City/State and Zip Code DENTIAL.COM				
		E-mail address: (	to be used for future annual report notification)				
For furth	her information c	oncerning this matter, please ca	all:				
LINDSA	AY KOBB		440 331-8800 x11 at ( )	•			
	Name o	f Person	Area Code Daytime Telephone Number				
Enclosed	d is a check for th	ne following amount:					
\$25.	.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified C	of Status &			
	Registr Divisio	ING ADDRESS: Pation Section on of Corporations	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clippa Building				

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NCVAD, LLC						
(Name of the Limi	ted Liability Compa (A Florida Limited I	iny as it now appears on our re Liability Company)	cords.)			
The Articles of Organization for this Limited L Florida document number L16000146388	and assigned					
This amendment is submitted to amend the foll	owing:					
A. If amending name, enter the new name of	f the limited liab	ility company here:				
The new name must be distinguishable and contain the v	words "Limited Liabi	lity Company," the designation '	'LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applic	cable:	151 SOUTHHALL LANE				
(Principal office address MUST BE A STREE		SUITE 150				
	<u> </u>	MAITLAND, FL 32751				
Enter new mailing address, if applicable:		151 SOUTHHALL LANE	10 M			
(Mailing address MAY BE A POST OFFICE	BOX)	MAITLAND, FL 32751	(A)			
B. If amending the registered agent and registered agent and/or the new registered of		ffice address on our rec				
Name of New Registered Agent:	NM RESIDEN	TIAL, LLC				
New Registered Office Address:	151 SOUTHHA	ALL LANE, SUITE 150				
	Enter Florida street address					
	MAITLAND		, Florida			
		City	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

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> Name | Address **Type of Action** \_ Add ☐ Remove ☐ Change □ Add □ Remove ☐ Change □ Add ☐ Remove Chánge ☐ Remove \_□ Change □ Add ☐ Remove ☐ Change □ Add □ Remove \_□ Change

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affective date, if other than	41 3.464	M1:				_ (optional)		Ω
Note: If the date is listed, the date Note: If the date inserted in the document's effective date on the locument of the locum	e must be specifi is block does	ic and cannot t not meet the	e prior to da applicable	te of filing or	more than 90 o	lays after filing	.) Pursuant to	605.0207 listed as
e record specifies a dela The 90th day after the			ut not ar	effective	time, at 1	.2:01 a.m.	on the e	arlier of
OCTOBER 1		2017						
Dated	//							
		///						

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00