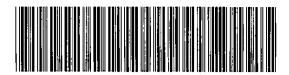
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| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
| (Business Entity Name) |
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| Certified Copies Certificates of Status |
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| TO: Registration Se Division of Cor | | , | |
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| SURFECT: NC | DESIGN LL | C | |
| 300, p.e. 1. | 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: | |
| | Nicol | AE CONEV | |
| | | Name of Person | |
| | | Firm/Company | |
| | 3040 NE 190 | OTH STR APT201 Address | |
| | AVENTUR | A F1 33180 | |
| | E-mail address: (| A F 33180 City/State and Zip Code e Sign/C Pemai to be used for future annual report notifi | l. com |
| For further information c | oncerning this matter, please ca | aH: | |
| MICOLAE Name o | CONEV of Person | at (<u>305</u>) <u>542 - 5</u> Area Code Daytime | 665 |
| Enclosed is a check for the | ne following amount: | | ###################################### |
| , | □ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certificate of Status & Cadditional copyris enclosed |
| Registi Divisio P.O. B | ING ADDRESS: ration Section on of Corporations ox 6327 rassee, FL 32314 | STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, FL 323 | n itions iter Circle |

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

| NC DESIGN LLC | | | | |
|--|--------|---------|---------------|--|
| (Name of the Limited Liability Company as it now appears on ((A Florida Limited Liability Company) | ur rec | cords.) | - | |
| · · · | 1 | j | | |

| | I table Communication | | |
|--|---|----------------------------|----------------------|
| (Same of the Limite | d Liability Company as it now appea A Florida Limited Liability Company) | rs on our records. | |
| The Articles of Organization for this Limited Lia Florida document number <u>L 17000044</u> | ability Company were filed on | 02/24/2018 | 7 and assigned |
| This amendment is submitted to amend the follo | wing: | | |
| A. If amending name, enter the new name of | the limited liability company h | <u>ere</u> : | |
| The new name must be distinguishable and contain the we | rds "Limited Liability Company." the o | lesignation "LLC" or the a | obreviation "L.L.C." |
| Enter new principal offices address, if applica | ble: | | |
| (Principal office address MUST BE A STREET | "ADDRESS) | · | <u>2</u> 29 7 |
| | | | |
| | | | 128 |
| Enter new mailing address, if applicable: | | | |
| (Mailing address MAY BE A POST OFFICE B | <u> </u> | | |
| | | | <u> 당화 2</u> |
| B. If amending the registered agent and/oregistered agent and/or the new registered off | <u>ice address here</u> : | | the name of the no |
| Name of New Registered Agent: | NICOLAE C | | |
| New Registered Office Address: | 3040 NE 190T/ | | |
| | AVENTURA | . Florida 🔍 | 33 <i>180</i> |
| | City | | Zip Code |
| New Registered Agent's Signature, if changing R | rgistered 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

| MGR = M $AMBR = A$ | anager uthorized Member | | |
|--------------------|----------------------------|---------|-------------------|
| <u>Title</u> | Name | Address | Type of Action |
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| ffective | date, if other than the date of ive date is listed, the date must be speci | filing: | 1. 650 | (optional | |
| <u>łote:</u> If i | the date inserted in this block does | not meet the applicable | date of tiling or more in le statutory filing requ | an 90 days after film airements, this dat | e will not be listed as |
| locument | 's effective date on the Departmer | it of State's records. | | | 20 |
| a racor | d specifies a delayed effect | ive date but not : | an effective time | at 12:01 a.m. | on the earlier of |
| | | ., , | · | at 12.01 a.m. | on the earlier of |
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| | June 27 | <u>2017</u> | . / | | |
| ated | | | | | |
| Dated | | | 2016 | • | |
| Dated | June 27 Signature | e of a member or authoriz | red representative of a r | nember | |

Page 3 of 3

Filing Fee: \$25.00