

L17000058988

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

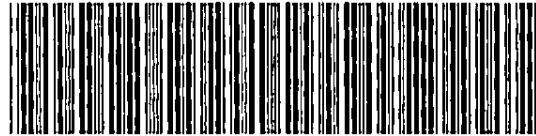
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2017 JUL 31 PM 1:41
U.S. DEPT. OF STATE
AMERICAN CONSUL GENERAL
LONDON

AUG 02 2017
J. HARRIS

cm

July 26, 2017

N2C Investments LLC
2800 Davis Blvd #200
Naples, FL 34104

To whom it may concern:

Enclosed is a self-addressed and stamped envelope for your letter of acknowledgement. The best contact number would be 239-595-4769.

Thank you.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: N2C INVESTMENTS 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:

ERICKA CRAIG

Name of Person

Firm/Company

2800 DAVIS BLVD #200

Address

NAPLES, FL 34104

City/State and Zip Code

ERICKA@NAPLESPPM.COM

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

For further information concerning this matter, please call:

ERICKA CRAIG

239

595-4769

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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

N2C INVESTMENTS 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 14, 2017 and assigned
Florida document number L17000058988.

This amendment is submitted to amend the following:

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

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**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:

New Registered Office Address:

Enter Florida street address

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MBR	MICHAEL J DEPAOLA		<input type="checkbox"/> Add
		2800 DAVIS BLVD #200 NAPLES FL 34104	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
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CLERK ASSISTANT
FLORIDA

[illegible]

(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) **Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated _____


Signature

Signature of a member or authorized representative of a member

ERICKA CRAIG

Typed or printed name of signee

FILED
2017 JUL 31 PM 1:41
SOUTHERN DISTRICT OF CALIF.
FALLBASSISTON, OREGON