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| Special Instructions to | Filing Officer: | |
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COVER LETTER

| | gistration Sec ision of Corp | | | | |
|---------------|---------------------------------|--|---|--|----|
| 0115 173 GF | NNC INVES | STMENTS LLC | | | |
| SUBJECT: | | Name of Lim | ited Liability Company | | |
| The enclosed | d Articles of A | Amendment and fee(s) are sub | mitted for filing. | | |
| Please return | all correspor | ndence concerning this matter | to the following: | | |
| | | June Wong | | | |
| | | | Name of Person | ······································ | |
| | | MJ Tax & Consulting Inc | | | |
| | | | Firm/Company | | |
| | | 3203 Lawton Road Ste 125 | 5 | | |
| | | | Address | | |
| | | Orlando, FL 32803 | | | |
| | | | City/State and Zip Code | | |
| | | june@mj-tax.com | | | |
| | | E-mail address: (| to be used for future annual report notifica | ition) A SEC | |
| For further i | nformation co | ncerning this matter, please ca | all: | I HAR CRETA | 77 |
| June Wong | | | 407 377-5555 at (| R - 9 | |
| | Name of | Person | Area Code Daytime T | elephone Number | |
| Enclosed is | a check for the | e following amount: | | 10 A | |
| \$25.00 1 | 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

| NNC INVESTMENTS LLC | | |
|--|--|------------------------------|
| (<u>Name of the Limited L</u> (A I | lability Company as it now appears on our records.) Florida Limited Liability Company) | , |
| The Articles of Organization for this Limited Liabilification for the Limited Liabilification of the Liabilification o | | and assigned |
| This amendment is submitted to amend the following | ng: | |
| A. If amending name, enter the new name of the | e limited liability company here: | |
| The new name must be distinguishable and contain the words | "Limited Liability Company," the designation "LLC" of | or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable | e: | |
| (Principal office address MUST BE A STREET A | (DDRESS) | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO | <u> </u> | |
| B. If amending the registered agent and/or registered agent and/or the new registered office | | enter the name of the n |
| | addiess nere. | 33388 5 Kak 6 |
| Name of New Registered Agent: | | 71 T |
| New Registered Office Address: | Enter Florida street address | 3: 23 6:TATE 1:0RID A |
| | , Flori | |
| | | 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> | Address | Type of Action |
|-------------------------|--------------------|---------------------------|------------------|
| AMBR | NHUNG NONG | 5535 CYPRESS GARDENS BLVI | Add |
| | | Ste 110 | □ Remove |
| | | WINTER HAVEN, FL 33884 | ☐ Change |
| AMBR CECILIA KIM NGUYEN | 1112 E COLONIAL DR | | |
| | | □ Add | |
| | | | Remove |
| | | Orlando, FL 32803 | Change |
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| ffect an eff | tive date, if other than the date of filing: (optional) fective 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 605:020 |
| vote: | If the date inserted in this block does not meet the applicable statutory filing requirements, this date venent's effective date on the Department of State's records. | will not be listed a |
| ocum | nem's effective date on the Department of State's records. | resident of the second of the |
| e red | cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. o | on the earlier (|
| The | 90th day after the record is filed. | on the carner t |
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| | Marak 5 | |
| | March 5 2018 | |
| | March 5 . 2018 | |
| | March 5 2018 Signature of a member or authorized perfecentative of a member | |

Page 3 of 3

Filing Fee: \$25.00