118000083539

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COVER LETTER

то:	Registration Sec Division of Corp				
	NCA N8631				
SUBJE	СТ:	Name of Lim	ited Liability Company		
The enc	losed Articles of a	Amendment and fee(s) are sub	mitted for filing.		
Please r	eturn all correspoi	ndence concerning this matter	to the following:		
		Nadine Macon			
			Name of Person		
		Index Investment Group			
			Firm/Company		, 2
		1044 North U.S. Highway	One, Suite 101		3.
			Address		-)
		Jupiter, FL 33477			3
			City/State and Zip Code		٠٠
		Nadine.Macon@IndexInve			
		E-mail address: (to be used for future annual rep	ort notification)	
For furt	her information co	oncerning this matter, please ca	all:		
Nadine	Macon		561 529-6	5385	
	Name of	Person	at () Area Code	Daytime Telephone Number	
Enclose	d is a check for th	e following amount:			
■ \$25	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	ed) Certified	e of Status &

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

NCA N863PA, LLC		
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our red a Limited Liability Company)	cords.)
The Articles of Organization for this Limited Liability C Florida document number $\frac{1.18000083539}{1.18000083539}$	Company were filed on 3/8/2018	and assigned
This amendment is submitted to amend the following:	·	
_	Stad Babilla communichana	
A. If amending name, <u>enter the new name of the lim</u>	uted hability company nere:	
The new name must be distinguishable and contain the words "Lin	nited 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 ADDI	RESS)	·
		17
		· ·
Enter new mailing address, if applicable:	ALL CO.	· ;
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office add		ords, enter the name of the r
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ad	dress
		Florido
	City	, Florida

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>	Type of Action
MGR	Alan R. Swift	1000 North US Hwy One	Add
		Suite 902	_■ Remove
		Jupiter, FL 33477	Change
MGR	Eric Arens	1000 North US Hwy One	Add
		Suite 902	□ Remove
		Jupiter, Fl. 33477	Change
			☐ Remove
			Change
			∴ Add
			□ Remove
			☐ Change
			Add
			□ Remove
			Change
			□ Remove
			Change

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ective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot be prior to date of fitte: If the date inserted in this block does not meet the applicable statuteument's effective date on the Department of State's records.	(optional) iling or more than 90 days after filing.) Pursuant to 605.020 ory filing requirements, this date will not be listed a
record specifies a delayed effective date, but not an effe he 90th day after the record is filed.	ective time, at 12:01 a.m. on the earlier o
ed	

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Typed or printed name of signee

Filing Fee: \$25.00