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(Re	questor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	<u></u>
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PICK-UP	WAIT	MAIL
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(DC	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer	
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COVER LETTER

то:	Registration Se Division of Cor				
CHDIE	NCA N449				
SUBJEC	CT:		ited Liability Company		
		Amendment and fee(s) are sub	_		
		Nadine Macon			
			Name of Person		
		Index Investment Group			
			Firm/Company	. .	
		1044 North U.S. Highway	One, Suite 101		
			Address		
		Jupiter, FL 33477			<u>:</u>
			City/State and Zip Code		
		Nadine.Macon@IndexInve	st.com to be used for future annual	eanist natifical	
For furth	ner information c	oncerning this matter, please c		терои пописа	;
Nadine		and and annual products		9-6385	
		f Person	at () Area Code		lephone Number
Enclosed	I is a check for th	ne following amount:			
\$25.	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee of Certified Copy (additional copy is end		☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		ING ADDRESS:		Г/COURIER	ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NCA N44945, LLC		
(<u>Name of the Limited Liability Company</u> (A Florida Limited Lia	v as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company w Florida document numberL18000083719	vere filed on 3/8/2018	_ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ity company here:	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		5
		<u> </u>
		25
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:		e name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	City . Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a company has been notified in writing of this change.	performance of my duties, and I am fam. covided for in Chapter 605, F.S. Or, if i	niliar with and this document is

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 = · 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	
		Suite 902	■ Remove
		Jupiter, FL. 33477	Change
MGR	Eric Arens	1000 North US Hwy One	■ Add
		Suite 902	□ Remove
		Jupiter, FL 33477	Change
			Add
			⊃. D·Add
		·	Remove
			Change
			
			Remove
			Change
<u>-</u>	- 		Add
			□ Remove
			Change

 	
	<u> </u>
	(7)
	3
effective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing or more E: If the date inserted in this block does not meet the applicable statutory filing a nument's effective date on the Department of State's records.	(optional) e than 90 days after filing.) Pursuant to 605.02 requirements, this date will not be listed a
record specifies a delayed effective date, but not an effective tin he 90th day after the record is filed.	ne, at 12:01 a.m. on the earlier
August 30 2018	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00