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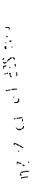
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COVER LETTER

Divi	ision of Cor	porations		
SUBJECT:	NCA N660	10, LLC		
SOBJECT.		Name of Lim	ited Liability Company	
The enclosed	l Anicles of	Amendment and fec(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Nadine Macon		
			Name of Person	
		Index Investment Group		
			Firm/Company	
		1044 North U.S. Highway	One, Suite 101	י
			Address	• • • • • • • • • • • • • • • • • • •
		Jupiter, FL 33477		•
			City/State and Zip Code	
		Nadine.Macon@IndexInve		<u> </u>
		E-mail address: (to be used for future annual report notifi	cation)
For further in	iformation c	oncerning this matter, please co	all:	
Nadine Mac	Nadine Macon 561 529-6385			
-	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed is a	check for th	ne following amount:		
■ \$25.00 F	iling 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

TO:

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 N66010, 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 $\frac{3/8/2018}{}$ _____ and assigned Florida document number L18000083814 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 "L.L.C." 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 hame 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 City

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	
		Suite 902	☐ Remove
		Jupiter, FL 33477	
			□ Remove
			Change
			□ Add
			□ Remove
			Change
			Add
			Remove
			☐ Change
			Add
			Remove
			Change

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fective date	. if other that	the date of fil	lino:			(optional)	
an effective dat	e is listed, the da	e must be specific	and cannot be	prior to date of fil	ng or more than 90	days after filin	g.) Pursuant to 605	6.0207
		is block does no he Department o			ry filing requiren	nents, this date	e will not be liste	ed as
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		ayed effective record is file		t not an effec	tive time, at	12:01 a.m.	on the earlie	er of
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00