118000105346

(Re	questor's Name)		•
(Ad	(dress)		•
, (Ad	ldress)		•
(Cit	ry/State/Zip/Phon	e #)	•
PICK-UP	☐ WAIT	MAIL	
- (Bu	siness Entity Na	ne)	•
(Do	cument Number)	<u>. </u>	•
Certified Copies	_ Certificate:	s of Status	
Special Instructions to	Filing Officer:		
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HARRIS

COVER LETTER

Division of Corpo	orations		
SUBJECT: NC	A 866PA Name of Limi	LLC ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspond	lence concerning this matter	to the following:	
	Nadine	Macon Name of Person	
	Index	Firm/Company	
	4984 51	V Sand Ave	
	Palm C	City State and Zip Code	2
	Padine./ E-mail address: (1	nacon annual report notification	KINVEST. COM
For further information cor	ncerning this matter, please ca	ill:	
Na dine M Name of F	Person	at (SU 1) S29. Area Code Daytime	- U 385 - : 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:

TO:

Registration Section

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



April 19, 2018

NADINE MACON 4984 SW SAND AVE PALM CITY, FL 34990

SUBJECT: NCA 866PA LLC Ref. Number: W18000037442

We have received your document for NCA 866PA LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Our records show no entity by this name.

To receive a refund, please submit a written request to the attention of the undersigned. Be sure to include the name of the person or entity the check should be made payable to and the address to which it should be mailed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 218A00008013

RECEIVED

OUBHAY - 1 PM 3: 2

OEPARTMENT OF STATI

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NCA 866PA L	LC	_		
(<u>Name of the Limited Liabili</u> (A Florida	y Company as it now appears on our records.) Limited Liability Company)			
The Articles of Organization for this Limited Liability C	ompany were filed on 3-14-16 and 18000 105 346	assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limi	ted liability company here:			
NCA NE	60PA LLC			
The new name must be distinguishable and contain the words "Lim	ted 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 ADDR	ESS)	* m_1**		
	229.5			
•		- व्यवस्थान - व्यवस्थान		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
_		-		
B. If amending the registered agent and/or registered agent and/or the new registered office address		ne of the new		
registered agent and/or the new registered office addr	ess nere.			
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	, Florida			
	City Zip Co	de		

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** □ Add ☐ Remove ☐ Change □ Add ☐ Remove _□ Change _□ Add ☐ Remove ☐ Change ☐ Add _□ Remove ☐ Change □ Add Reploye
Change ☐ Remove ☐ Change

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Filing Fee: \$25.00