

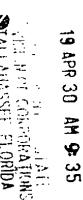
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COVER LETTER

Divisi	on of Corp	orations			
SUBJECT: _	NCD Manag	•			
301 0 15011			ited Liability Company		
The enclosed A	Articles of A	mendment and fee(s) are sub-	mitted for filing.		
Please return a	ll correspon	dence concerning this matter	to the following:		
		Tronna Demps			
		•	Name of Person		·
		NCD Management LLC			
Firm/Company					
		697 Riggins Rd.			
			Address		
		Tallahassee, FL 32308			
			City/State and Zip Code		
		TADemps292@aol.com			
		E-mail address: ()	to be used for future annual re	port notification)	
For further info	ormation co	ncerning this matter, please co	ıll:		
Tronna Demp	S		850 445- at ()	-3229	
Name of Person			Area Code	Daytime Teleph	none Number
Enclosed is a c	heck for the	following amount:			
■ \$25.00 Fili	ing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy radditional copy is enclo		S60.00 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NCD Management LLC			
(Name of the Limit	ed Liability Compan (A Florida Limited Li	v as it now appears on our recordability Company)	<u>ls.</u>)
The Articles of Organization for this Limited Li Florida document number <u>L18000136914</u>		were filed on June 1, 2018	and assigned
This amendment is submitted to amend the follo	owing:		
A. If amending name, enter the new name of	the limited liabil	lity company here:	
The new name must be distinguishable and contain the w	ords "Limited Liabili	ty Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applie	able:		
(Principal office address MUST BE A STREE	T ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX)</u>		
B. If amending the registered agent and/ registered agent and/or the new registered of Name of New Registered Agent:			s, enter the name of the n
Nau: Panistarad Office Address	•		
New Registered Office Address:		Enter Florida street addre	55
		FI	lorida
		City	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 to 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
	Nylah Demps	697 Riggins Rd.	=
		Tallahasse, FL 32308	
		Tananasse, FL 52508	■ Remove
			□ Change
	Cailin Demps	697 Riggins Rd	
		Tallahassee, FL 32308	
			■ Remove
		 	☐ Change
			
			□ Remove
			Change
			□ Remove
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	date inserted i	nan the date of date must be speci in this block does	s not meet the	e applicable si	of filing or more	(op than 90 days af equirements, t	tional) ter tiling.) Pursua his date will no	int to 605.0207 it be listed as
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Page 3 of 3

Filing Fee: \$25.00