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COVER LETTER

TO:	Registration S Division of Co			
SUBJI	NCT-171,	LLC		
3000	<u></u>	Name of Lir	nited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sul	bmitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		BRADLEY ORR		
			Name of Person	
		NCF CORPORATION		
			Firm/Company	 _
		1901 ULMERTON RD.,	• •	
			Address	
		CLEARWATER, FL 3370	62	
			City/State and Zip Code	
		BORR@NCFGIVING.CO	М	
		E-mail address: (to be used for future annual report notif	ication)
For fur	ther information c	oncerning this matter, please c	all:	
BRAD	LEY ORR		404 252-0100 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclose	ed is a check for th	ac following amount:		
\$25	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fec, Certificate of Status & Certified Copy (additional copy is enclosed)

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

NCT-171, LLC				
(Name of the Limi	ted Liability Compa (A Florida Limited	iny as it now appears on our re Liability Company)	cords.)	
The Articles of Organization for this Limited I. Florida document number L18000268565	Liability Company	were filed on December 3,	2018 ar	nd assigned
This amendment is submitted to amend the following	lowing:			
A. If amending name, enter the new name of	of the limited liab	oility company here:		
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "	LLC" or the abbreviati	on "L.L.C."
Enter new principal offices address, if applied	cable:			
(Principal office address MUST BE A STREE	ET ADDRESS)	1901 ULMERTON RD., S	•	
		CLEARWATER, FL 3376	-	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)		1901 ULMERTON RD., S	TE 400	
		CLEARWATER, FL 3376	2 = 5	2019
B. If amending the registered agent and	l/or registered o	ffice address on our rec	ords, <u>enter thern</u>	ame of the ne
registered agent and/or the new registered o	ffice address her	<u>·e</u> :	71	2
Name of New Registered Agent:			· • •	AK 9
New Registered Office Address:	1901 ULMER	TON RD., STE 400	500	ن ن
-		Enter Florida street ad	ddress	
	CLEARWATE	ER	, Florida <u>33762</u>	
		City	· ———	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 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>	Address	Type of Action
MGR	NCF CORPORATION	1901 ULMERTON RD., STE 400	
		CLEARWATER, FL 33762	
			□ Remove
			🖬 Change
		 	□ Add
			Remove
			Change
			Remove
			
			Remove
			Change
			Add
			Remove
			Change
			Remove
			Change

· NONE	 	
		
		
	• ·	
(If an effective da Note: If the d		(optional) to date of filing or more than 90 days after filing.) Pursuant to 605.0207 table statutory filing requirements, this date will not be listed as
	pecifies a delayed effective date, but no day after the record is filed.	an effective time, at 12:01 a.m. on the earlier of
Dated		
	Bulled	_
- La	1141/1	rized representative of a member

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Typed or printed name of signee

Filing Fee: \$25.00