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COVER LETTER

TO: Registration S Division of Co				
NCT-173,	LLC			
	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted 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., STE 400			
Address				
	CLEARWATER, FL 3376	52		
	BORR@NCFGIVING.CO	City/State and Zip Code		
	-	to be used for future annual report notif	ication)	
For further information of	concerning this matter, please c		,	
BRADLEY ORR		404 252-0100 at ()		
Name o	of Person		Telephone Number	
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fcc & 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 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-173, LLC					
(Name of the Limi	ted Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited L Florida document number L18000268589	Liability Company	were filed on December 3, 2018		and assi	gned
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name of	of the limited liab	oility company herc:			
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company" the decignation "11 (" or t	he abbrev	iation "L I	<u>('"</u>
<u>-</u>		mry company, the designation liber of t	ne abbiev	anon ta	J.C.
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 1901 ULME		1901 ULMERTON RD., STE 400			
Trincipal Office data Est MODY DE TESTILE	or ribbitosy	CLEARWATER, FL 33762			
Enter new mailing address, if applicable:					
Mailing address MAY BE A POST OFFICE	BOX)	1901 ULMERTON RD., STE 400			
		CLEARWATER, FL 33762		2015	
				KON	77
B. If amending the registered agent and registered agent and/or the new registered or			iter the	name o	of the ne
server agent and or the new registered to	ince address ner	<u>.</u> .			[1]
Name of New Registered Agent:				টু	
New Registered Office Address:	1901 ULMER	TON RD., STE 400	٠٠,٠٠	• •	
		Enter Florida street address			
	CLEARWATE	R , Florid	a 33762		
		City		Lip 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>	<u>Address</u>	Type of Action
MGR	NCF CORPORATION	1901 ULMERTON RD., STE 400	
		CLEARWATER, FL 33762	☐ Remove
			Change
			Add
			Remove
			☐ Change
			Remove
			Change
			
			☐ Remove
			🗖 Change
			Add
		<u> </u>	□ Remove
			Change
			□ Remove
			Change

NONE	
	
	
ective date, if other than the date of filing:	(optional) prior to date of filing or more than 90 days after filing.) Pursuant to 605.0
effective date is listed, the date must be specific and cannot be e: If the date inserted in this block does not meet the ap- ument's effective date on the Department of State's reco	pplicable statutory filing requirements, this date will not be listed
record specifies a delayed effective date, but he 90th day after the record is filed.	t not an effective time, at $12:01$ a.m. on the earlier
cd,	
haller -	
Moyer	authorized representative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00