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COVER LETTER

Registration Section Division of Corporations

TO:

NFC 360, U SUBJECT:	.l.C		
	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:	
	Muhammad M Yusufali		
		Name of Person	
	NFC 360, LLC		
		Firm/Company	
	4850 Cains Wren Trl		
		Address	
	Sanford, FL 32771		
		City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	ication)
For further information c	oncerning this matter, please c	all:	
Muhammad M Yusufali		407 923 0968	
Name o	f Person		: Telephone Number
Enclosed is a check for th	ne 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: Registration Section Division of Corporations		<u>Street Address:</u> Registration Sec Division of Cor	
P.O. Box 632 Tallahassee, I		The Centre of T 2415 N. Monroo Tallahassee, FL	e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NFC 360, LLC		pears on our records.)
(Name of the Lim	ited Liability Company as it now ap (A Florida Limited Liability Compa	pears on our records.)
		ROT W ITT
The Articles of Organization for this Limited I	Liability Company were filed on	01/24/2020 arr assigned
Florida document number L20000030930		
This amendment is submitted to amend the fol	lowing:	模型 o
A. If amending name, enter the new name	of the limited liability compan	<u>v here</u> :
The new name must be distinguishable and contain the	words "Limited Liability Company." (he designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE		
Stuting duaress STAT BL AT 037 OF FICE	<u></u>	
B. If amending the registered agent and/or	registered office address on or	ir records, enter the name of the new registered
agent and/or the new registered office addr		
Name of New Registered Agent:	Muhammad M Yusufali	
New Registered Office Address:	4850 Cains Wren Trail	
The Trought of White Linds Con-	Enter	Florida street address
	Sanford	Florida 32771
	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 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 Régistered 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
AMBR	Yusufali, Sabira	4850 Cains Wren Trl	🗆 Add
		Sanford FL 32771	Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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Dec I		July 31 2020			
Note: If the date insert	I, the date must be specific:	and cannot be prior to date of meet the applicable si	of filing or more than 90 tatutory filing requirer	(optional)) days after filing.) Pursuant to ments, this date will not be	605.0207 (3 listed as th
he record specifies a dele ord is filed.	ayed effective date, but t	not an effective time, at	12:01 a.m. on the ear	lier of: (b) The 90th day :	after the
Dated July 31st	.1	2020			
Dated	- ///-	_,			
	Start =	f a member or authorized (

Typed or printed name of signee