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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: NCT-202108

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Robin Wilsey

Name of Person

National Christian Foundation

Firm/Company

11625 Rainwater Drive, Suite 500

Address

Alpharetta, GA 30009

City/State and Zip Code

rwilsey@ncfgiving.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robin Wilsey

470

633-6344

at (_____) _____

Name of Person

Area Code

Daytime 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:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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>	<u>Type of Action</u>
MGR	Mark A. Thonpson	4686 Chantrey Place Minnetonka, MN 55345	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Bradley Orr		<input type="checkbox"/> Add
		1901 Ulmerton Rd., #400 Clearwater, FL 33762	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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TALLAHASSEE, FLORIDA

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Dated June 16, 2022

[Signature]
of a member or authorized representative of a member

Robin Wilson

Typed or printed name of signee

Filing Fee: \$25.00