121000468606

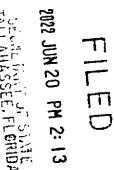
(Re	equestor's Name)	
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(Ci	ity/State/Zip/Phone #	r)
PICK-UP	WAIT	MAIL
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(Bi	usiness Entity Name)
(Do	ocument Number)	
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- 40 -		
Certified Copies	Certificates o	f Status
Special Instructions to	Filing Officer	
Opecial instructions to	T lilling Officer.	

Office Use Only



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COVER LETTER

TO: Registration Se Division of Cor			
NCT-20210 SUBJECT:	08		
	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub	-	
Please return all correspo	ndence concerning this matter	to the tollowing:	
	Robin Wilsey		
		Name of Person	
-	National Christian Founda	tion	
		Firm/Company	
	11625 Rainwater Drive, S	uite 500	
		Address	
	Alpharetta, GA 30009		
		City/State and Zip Code	
	rwilsey@ncfgiving.com		
	E-mail address: (to be used for future annual report notif	ication)
For further information c	oncerning this matter, please c	all:	
Robin Wilsey		470 633-6344	
Name o	f Person		e Telephone Number
Enclosed is a check for the	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 P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NCT-202108		
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Cor Florida document number 1.21000468606	mpany were filed on October 28, 2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
NCT-202108, LLC		
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	ESS)	
		A
Enter new mailing address, if applicable:		N 2
(Mailing address MAY BE A POST OFFICE BOX)	-	Ser a m
		m = ()
		2: N
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, <u>enter th</u>	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	. Flor	ida
	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 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

Title	<u>Name</u>	Address	Type of Action
MGR	Mark A. Thonpson	4686 Chantrey Place Minnetonka, MN 55345	
			□Remove
			□ Change
MGR Bradley Orr	Bradley Orr		🗖 Add
	•	1901 Ulmerton Rd., #400 Clearwater, FL 33762	IXRemove
			□ Change
			EJAdd
			□Remove
		□ Change □ A C : :	
		LAHASSEE.	
		E E Change	
			Effiching C
		□Remove	
		□Add	
		□Remove	
			□ Change

D. If amendii	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
,	
	
	77 282
	TILLAHASS
	ASSEE TO PR
	2: - Cont.
	- Company of the comp
F Effective	date, if other than the date of filing: (optional)
(If an effectiv <u>Note:</u> If the	date, if other than the date of filing:
If the record sp record is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	June 16, 2022
	of a member or authorized representative of a member
	Authorized Representative Robin Wilson
	Typed or printed name of signee

Filing Fee: \$25.00