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## **COVER LETTER**

TO: Registration Sec Division of Corp				
Aloma Esta	tes LLC			
SUBJECT:	Name of Limi	ted Liability Company	<del></del>	
The enclosed Articles of a	Amendment and fee(s) are sub	nitted for filing.		
Please return all correspon	ndence concerning this matter	to the following:		
	Kenneth E. ORorke			
		Name of Person		
	Delos Strategies LL 😎			0th 20
		Firm/Company		DIVISION ZOZ3 OCT
	111 Second Ave NE Suite	517		<u></u>
		Address		2 P
	Saint Petersburg, FL 3370	1		CORPORATIONS 2 PM 3: 33
	-	City/State and Zip Code		သ နဲ့
	kororke@delosstrategies.co		<del></del>	***
		to be used for future annual report notifi	carion	
For further information c	oncerning this matter, please of	all:		
Kenneth E. ORorke		813 300-7788 at ()		
Name o	f Person	Area Code Daytime	Telephone Number	
Enclosed is a check for the	he 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 I Certificate of Certified Copy (additional copy)	Status & y
Mailing Addre		Street Address: Registration Sec	tion	
Registration Division of C		Division of Corp		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Aloma Estates LLC		
( <u>Name of the Limited Lia</u> (A Flo	ibility Company as it now appears on our re orida Limited Liability Company)	cords.)
The Articles of Organization for this Limited Liabilit	y Company were filed on 12/07/2021	and assigned
Florida document number 1.21000517238	·	
This amendment is submitted to amend the following	<u>;</u>	
A. If amending name, enter the new name of the l	limited liability company here:	
NCFL Fund Manager LLC		
The new name must be distinguishable and contain the words "	Limited Liability Company," the designation "	'LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DDRESS)	
	•	023
		20 tagi
Enter new mailing address, if applicable:	<del> </del>	<u>~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ </u>
(Mailing address MAY BE A POST OFFICE BOX)		P 300
		<u>ω</u> 28.5
		33
B. If amending the registered agent and/or registered agent and/or the new registered office address her		ter the name of the new registered
agent and/or the new registered write address ner	<u>c</u> .	
Name of New Registered Agent:		
- The William Control of Control		
New Registered Office Address:		
	Enter Florida street aa	ldress
		, Florida
	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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□Remove
			□Change
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/			<u> </u>
Note: If the date inserted in thi	the date of filing:  must be specific and cannot be prior to dass block does not meet the applicable appartment of State's records.	(opti- te of filing or more than 90 days after statutory filing requirements, thi	filing.) Pursuant to 605.0207
the record specifies a delayed effectord is filed.	ctive date, but not an effective time, a	at 12:01 a.m. on the earlier of: (b	The 90th day after the
10/09	. 2023	I representative of a member	
Dated			

Filing Fee: \$25.00