

L24000134129

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

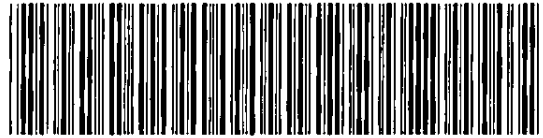
(Business Entity Name)

(Document Number)

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04/02/24--01038--015 **25.00

Handwritten signature

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: NC Ranch #1, LLC

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:

Patrice Boyes, Esq.

Name of Person

Patrice Boyes, P.A.

Firm/Company

5700 SW 34th Street, Suite 1120

Address

Gainesville, Florida 32608

City/State and Zip Code

legal@boyeslaw.com

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

For further information concerning this matter, please call:

Cameron Heaton

Name of Person

352 372-2684
at ()
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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>
AMBR	Edward D. Norfleet, Jr.	5820 SE CR 337	<input type="checkbox"/> Add
		Newberry, Florida 32669	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Christianna Norfleet	5820 SE CR 337	<input checked="" type="checkbox"/> Add
		Newberry, Florida 32669	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Edward D. Norfleet, IV	5820 SE CR 337	<input checked="" type="checkbox"/> Add
		Newberry, Florida 32669	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207.(3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated March 25 2024

E. O. Martin III

Signature of a member or authorized representative of a member

Edward D. Norfleet, III

E. D Norfleet III

Typed or printed name of signee

Filing Fee: \$25.00