P03000152553

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORP	ORATION: Crews Electrical To	esting, Inc.	
DOCUMENT NU	P03000152553		
The enclosed Artic	les of Amendment and fee are su	bmitted for filing.	
Please return all co	rrespondence concerning this ma	tter to the following:	
	Eliena N. Crews		
		Name of Contact Persor	
•		Firm/ Company	
	6198 Tim Crews Road		
		Address	
	Macclenny, Florida 32063		
		City/ State and Zip Code	•
	cetesting@hotmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further informa	ation concerning this matter, pleas	se call:	
Richard L. Colema	an	at (²²⁹	671-8218
Nar	ne of Contact Person	Arca Co	de & Daytime Telephone Number
Enclosed is a check	k for the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Fallahassee, FL 32314	Amend Divisio The C	Address Iment Section In of Corporations Centre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation

	Crews Electrical	Testing, Inc		
(Name	of Corporation as currently	filed with the Florida Dept. of State)		
	P03000152	52553		
	(Document Number of	Corporation (if known)	<u> </u>	
Pursuant to the provisions of section 607 its Articles of Incorporation:	7.1006, Florida Statutes, this F	lorida Profit Corporation adopts the foll	owing amendmen	nt(s) to
A. If amending name, enter the new r	name of the corporation:			
NCC Properties of Macclenny, LLC			The new	
"chartered," "professional association, B. Enter new principal office address,	" or the abbreviation "P.A." if applicable:	professional corporation name must co	ontain the word	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)		Macclenny, Florida 32063		
C. Enter new mailing address, if apple (Mailing address MAY BE A POST) D. If amending the registered agent and the registered agent	OFFICE BOX) nd/or registered office addre	ss in Florida, enter the name of the	SECKETHAY O	FILE
new registered agent and/or the ne	1	00-	SER SER	
Name of New Registered Agent	Eliea Ni	CREWS	<u></u> 8:	
	6198 Tim Crews Road		0	P
	(Florida stree	i address)		€
New Registered Office Address:	Macclenny	, Florida	63	
	(0	Ciry)	(Zip Code)	

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe	
X Remove	$\underline{\mathbf{v}}$	Mike Jones	
- X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
i) Change	P	Eliea N. CREUX	Muchenny FC, 3206
Add			Mackenny FC1 5006
Remove			
2) Change	<u> </u>	Eliec N CREUS	MACALCANY, FC 3206?
X Add			MACALCINY, PG 3206:
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

ttach <i>additiona</i>	adding additional Ar al sheets, if necessary)	. (Be specific)	_		
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rovisions for i	nt provides for an eximplementing the am licable, indicate N/A)	change, reclassif sendment if not o	ication, or cancel contained in the s	lation of issued sh mendment itself:	aares,
					
					
					· ·

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The date of each amendment(s) a date this document was signed.	adoption:, if other than t
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this ladocument's effective date on the D	block does not meet the applicable statutory filing requirements, this date will not be listed as to epartment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ad action was not required.	lopted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.
must be separately provided for	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s): t for the amendment(s) was/were sufficient for approval
	(voting group)
Dated 8	30/2021 Flin M Cu
(By a constitution of the	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)
	Eliena N. Crews
	(Typed or printed name of person signing)
	President Plinn Cu