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COVER LETTER

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

TO:

eubirer.	North Stars				
SUBJECT:		-			
The enclosed	l Articles of A	Amendment and fee(s) are sub	emitted for filing.		
Please return	all correspor	idence concerning this matter	to the following:		
		Fernanda Moron			
North Stars Home Solutions LLC					
			Firm/Company	_	
		10720 NE 3rd Ave			
			Address	_	
		Miami, Florida 33161			
		City/State and Zip Code			
northstarsolutions26@gmail.com				2020 SI	
		E-mail address: (to be used for future annual report notification)	ISEP 25	
For further in	nformation co	ncerning this matter, please ca	all:	i i i	
Fernanda M	oron		786 762-7949 at ()	ber not 09	
	Name of	Person	Area Code Daytime Telephone Num	ber 7:1:09	
Enclosed is a	check for the	e following amount:			
□ \$25.00 F	filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certificational copy is enclosed) Certificational copy is enclosed)	Filing Fee, icate of Status & ied Copy mal copy is enclosed)	
	iling Address		Street Address: Registration Section		
Registration Section Division of Corporations			Division of Corporations		

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

North Stars Home Solutions LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{08/19/2020}{1}$ and assigned Florida document number _1.20000255593 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Fernanda Moron	10720 NE 3rd Ave Miami, FL 33161	□Add
			□Remove
			\(\beta\)
AMBR	Joel Dalama	10720 NE 3rd Ave Miami, FL 33161	□Add
			■ Change
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lf an effect <u>Note:</u> H	e date, if other than the date of filing:	iling.) Pursuant to 605.	.0207 ed as
record : d is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) i.	The 90th day after	r the
	··		
Dated	$I_{I}H$		
Jated	\mathscr{M} .		
Dated	Signature of Amember or authorized representative of a member		

Filing Fee: \$25.00