

B21000000452

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

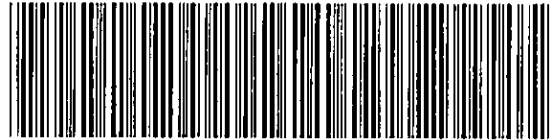
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED

2024 JUN 27 AM 11:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

2024 JUN 27 PM 3:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 520463 4709638

AUTHORIZATION

COST LIMIT : \$52.50

ORDER DATE : June 27, 2024

ORDER TIME : 12:0 PM

ORDER NO. : 520463-005

CUSTOMER NO: 4709638

FOREIGN FILINGS

NAME: NORTHLAND FUND VI, L.P.

☐ CORPORATE
☒ LIMITED PARTNERSHIP
☐ LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
☒ PLAIN STAMPED COPY
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Shauna Godbolt -- EXT#

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Northland Fund VI, L.P.

Name of Foreign Limited Partnership or Limited Liability Limited Partnership

The enclosed amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Amy Carchedi

Contact Person

Northland Investment Corporation

Firm/Company

2150 Washington Street

Address

Newton, MA 02462

City, State and Zip Code

acarchedi@northland.com

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

For further information concerning this matter, please call:

Amy Carchedi

at (617)

630-7227

Name of Contact Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$52.50 Filing Fee

☐ \$61.25 Filing Fee
and Certificate of
Status

☐ \$105.00 Filing Fee
and Certified Copy

☐ \$113.75 Filing Fee,
Certified Copy, and
Certificate of Status

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

AMENDMENT TO CERTIFICATE OF AUTHORITY
FOR
FOREIGN LIMITED PARTNERSHIP OR
LIMITED LIABILITY LIMITED PARTNERSHIP

FILED
2024 JUN 27 AM 11:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of the limited partnership or limited liability limited partnership as it appears on the records of the Florida Department of State is:
Northland Fund VI, L.P.

2. Document Number of Foreign Limited Partnership or Limited Liability Limited Partnership: B21000000452

2. The jurisdiction of its formation is: Delaware

3. The date the entity was authorized to transact business in Florida is: 1/25/2022

4. If the amendment changes the name of the limited partnership or limited liability limited partnership, enter the new name:

Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.

Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLP.

(If name unavailable in Florida, enter alternate name adopted for the purpose of transacting business in Florida.)

5. If the amendment changes the general partner(s), list the name and business address of each general partner:
Name: Business Address:

<u>Northland Fund IV Partners LLC</u>	<u>2150 Washington Street</u>	<input type="checkbox"/> Add
	<u>Newton, MA 02462</u>	<input checked="" type="checkbox"/> Remove
		<input type="checkbox"/> Change
<u>Northland Fund VI Partners LLC</u>	<u>2150 Washington Street</u>	<input checked="" type="checkbox"/> Add
	<u>Newton, MA 02462</u>	<input type="checkbox"/> Remove
		<input type="checkbox"/> Change
<u></u>	<u></u>	<input type="checkbox"/> Add
		<input type="checkbox"/> Remove
		<input type="checkbox"/> Change
<u></u>	<u></u>	<input type="checkbox"/> Add
		<input type="checkbox"/> Remove
		<input type="checkbox"/> Change
<u></u>	<u></u>	<input type="checkbox"/> Add
		<input type="checkbox"/> Remove
		<input type="checkbox"/> Change

6. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

7. If the amendment corrects any false statement listed in the application, indicate the statement being corrected and the correction:

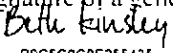
8. If the amendment is to add or delete an election to be a limited liability limited partnership statement, check the appropriate box:

- ☐ The entity elects to be a limited liability limited partnership.
- ☐ The entity is no longer a limited liability limited partnership.

9. Attached is an original certificate, no more than 90 days olds, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

10. 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.)

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.

DocuSigned by:
Signature of a general partner:

B9C5C9C8E255435

Typed or printed name:
Beth Kinsley, Assistant Secretary
of Northland Fund VI Partners LLC

Filing Fee: \$52.50
Certified Copy (optional): \$52.50
Certificate of Status (optional): \$8.75

FILED
2024 JUN 27 AM 11:58
CLERK OF STATE
TALLAHASSEE, FLORIDA