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## **CT CORP**

#### 3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

D	ate: 01	/03/2023	- w: DW
		Acc#I20160000072	4: CIV
Name:	Northbridge Ma	nagement LLC	
Document #:			
Order #:	14697149		
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Thank you!

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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Northbridge Management 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  $\frac{06/18/2001}{1}$ Florida document number \_\_\_\_\_L01000009672 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: NorthDel Management Company LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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: C T Corporation System Name of New Registered Agent: 1200 South Pine Island Road New Registered Office Address: Enter Florida street address Plantation

#### 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.

Laura Dro Drick

If Changing Registered about. Signature of New Registered Agent Assaul Scottary

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

M(0)R =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	Name	Address	Type of Action
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