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AUG -3 2021 C Kinsey

COVER LETTER

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

TO:

	orida TC, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of A	Amendment and fec(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Deborah Leonard Irvine		
		Name of Person	_
	Northstar Florida TC, LLC	,	
		Firm/Company	_
	PO Box 2593		
		Address	_
	Orlando FL 32802		
		City/State and Zip Code	_
	deborahleonardirvine@rteg		_
		to be used for future annual report notification)	
For further information co	incerning this matter, please co	all:	
Deborah Leonard Irvine		407 996-3200 ext 118 at ()	
Name of	Person	Area Code Daytime Telephone Numb	oer .
	6.11		
Enclosed is a check for the			
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certific	Filing Fee, cate of Status & ed Copy nal copy is enclosed)
Mailing Address	::	Street Address:	
Registration S	ection	Registration Section	
Division of Co	orporations	Division of Corporations	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company lorida document number $\frac{L08000044823}{L08000044823}$.	were filed on February 21, 2021 and assignment	gned
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.	C."
Inter new principal offices address, if applicable:		— <i>ტ</i> უ
Principal office address MUST BE A STREET ADDRESS)	921 250 250	ر.
Inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)	LARY OF STATE	FILED O
3. If amending the registered agent and/or registered office gent and/or the new registered office address here:	address on our records, <u>enter the name of the new</u>	registe
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	

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 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>	Address	Type of Action
SEC AMBR	Daisy Lopez-Cid	330 East Central Blvd	= Add
		Orlando FL 32801	□Remove
			Change
			🗀 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
		<u></u>	□Remove
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			□Add
			□Remove ·
			□Change

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lf an effe <u>Note:</u> J	re date, if other than the date of filing:
e record rd is file	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 d.
Dated _	Signature of a member or authorized representative of a member
	Charles R Orden
	Typed or printed name of signee