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COVER LETTER

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SUBJECT:	NORTH	STAR VENTURES OF EAS	T AURORA, LLC	
		Name of Lim	nited Liability Company	
The enclosed	l Articles of .	Amendment and fee(s) are sub	omitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Paul T. Nesper, Es		
			Name of Person	
		Nesper, Ferber & D	diGiacomo, LLP	
			Firm/Company	
		501 John James Aud	lubon Parkway, Suite 300	
			Address	
		Amherst, New York	14228	
			City/State and Zip Code	
		pnesper@nfdlaw.com		
			to be used for future annual report notific	eation)
For further in	nformation co	oncerning this matter, please ca	all:	
Paul	T. Nespe	er, Esq.	at (716) 688-3800	
	Name of	Person		Telephone Number
Enclosed is a	check for th	e following amount:		
⊠ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		NTURES OF EAST AURORA, LLC pany as it now sppears on our records.) d Liability Company)	
The Articles of Organization for this Limited I		ny were filed on 1/20/2010	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited lia	bility company here:	
The new name must be distinguishable and contain the	words "Limited Lial	oility Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		The LLC c/o LuAnn Zureck 250 Delaware Avenue Buffalo, New York 14202	
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent: New Registered Office Address:		re:	the name of the ne
		, Florida	75 3 5
New Registered Agent's Signature, if changing	Registered Agent	City :	OD CO

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 Abent, 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 Type of Action **Title** Name Address _D Add _□ Remove ☐ Change _ Add ☐ Remove ☐ Change _D Add ☐ Remove _□ Change □ Add _□ Remove _ Change _D Add _□ Remove ☐ Change □ Add □ Remove

_ Change

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Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days at Note: If the date inserted in this block does not meet the applicable statutory filing requirements, to document's effective date on the Department of State's records.	otional) for filing.) Pursuant to 603 his date will not be list	5.0207 (3) ed as the
the record specifies a delayed effective date, but not an effective time, at 12:01) The 90th day after the record is filed.	a.m. on the earli	er of:
Dated DECEMBER 11 , 2015		
Thus The		
Signature of a member of authorized representative of a member		
PAUL T. NESPER, ESQ., AUTHORIZED REPRESENTATIVE		
Typed or printed name of signee		

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Filing Fee: \$25.00