

L14000075626

(Requestor's Name)

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(Address)

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(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

4 Burch AUG 26 2022



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 266973 7824295

AUTHORIZATION :

COST LIMIT : \$ 60.00

*[Handwritten Signature]*

ORDER DATE : August 21, 2014

ORDER TIME : 9:27 AM

ORDER NO. : 266973-005

CUSTOMER NO: 7824295

DOMESTIC AMENDMENT FILING

NAME: NORTH STAR RECOVERY RESIDENCE  
LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT  
       RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY  
       PLAIN STAMPED COPY  
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER'S INITIALS: \_\_\_\_\_

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: North Star Recovery Residence LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Paul G. Prince, Esq.

Name of Person

Brick & Patel LLP

Firm/Company

1290 Avenue of the Americas, 34th Fl.

Address

New York, NY 10104

City/State and Zip Code

p prince@brickpatel.com

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

For further information concerning this matter, please call:

Paul G. Prince

Name of Person

at (212) 554-5270

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing 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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 25, 2014

CSC  
ATTN: COURTNEY WILLIAMS

**RESUBMIT**

Please give original  
submission date as file date.

SUBJECT: NORTH STAR RECOVERY RESIDENCE LLC  
Ref. Number: L14000075626

We have received your document for NORTH STAR RECOVERY RESIDENCE LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tim Burch  
Regulatory Specialist II

Letter Number: 814A00018212

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North Star Recovery Residence LLC

The Articles of Organization for this Limited Liability Company were filed on May 8, 2014 and assigned Florida document number L14000075626.

Aion Recovery Residence LLC

*(Principal office address MUST BE A STREET ADDRESS)*

*(Mailing address MAY BE A POST OFFICE BOX)*

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

\_\_\_\_\_, Florida \_\_\_\_\_  
City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

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

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated August 21, 2014

W Koessler

Signature of a member or authorized representative of a member

William J. Koessler

Typed or printed name of signer

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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