## L14000104092

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| Certified Copies        | _ Certificate:     | s of Status |
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| Special Instructions to | Filing Officer:    |             |
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T. MATTHEWS MAR - 4 2022

## **COVER LETTER**

| TO:        | Registration Sec<br>Division of Corp |  | •   | •  |
|------------|--------------------------------------|--|---|--|
| 417/85 85* | North Star I                         | 300kkeeping LLC                              | •   | •  |
| SUBJE      | CI:                                  | Name of Limit                                | ted Liability Company   | <del></del>  |
| The enc    | losed Articles of                    | Amendment and fee(s) are subr                | mitted for filing.  |  |
| Please r   | eturn all correspo                   | ndence concerning this matter t              | o the following:  |  |
|            |                                      | Jean Clappe-Mixell                           |   |  |
|            |                                      |  | Name of Person  | <del></del>  |
|            |                                      | North Star Bookkeeping Ll                    | LC.   |  |
|            |                                      |  | Firm/Company  |  |
|            |                                      | 1226 Timberhill Street                       |   |  |
|            |                                      |  | Address   |  |
|            |                                      | North Port FL 34288                          |   |  |
|            |                                      | -  | City/State and Zip Code   |  |
|            |                                      | staff@northstarqb.com                        | to be used for future annual report no                              | outication)  |
| For furt   | ther information c                   | concerning this matter, please ca            |   |  |
|            | lappe-Mixell                         |  | 941 426-0094  |  |
|            |                                      | of Person                                    | Area Code Dayt  | ime Telephone Number   |
| Enclose    | ed is a check for t                  | he following amount:                         |   |  |
|            | 5.00 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 Addre<br>Registration        |  | Street Address:<br>Registration S                                   | Section  |
|            | Division of C                        | Corporations                                 | Division of C   | orporations  |
|            | P.O. Box 632                         | 27   | The Centre of   | r ranahassee   |

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| North Star Bookkeeping LLC  | _  | 22 FEE 24 FEE 31 FE                  |
|---|--|--------------------------------------|
| (Name of the Limited  | I Liability Company as it now appears on our<br>A Florida Limited Liability Company) | records.)                            |
| The Articles of Organization for this Limited Lia Florida document number 1.14000104092         |  | and assigned                         |
| his amendment is submitted to amend the follow  |  |                                      |
| A. If amending name, enter the new name of  |  |                                      |
| he new name must be distinguishable and contain the we  | rds "Limited Liability Company," the designation                                     | n "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applica   | ble:   |                                      |
| Principal office address MUST BE A STREET   | ADDRESS)   |                                      |
| Enter new mailing address, if applicable:<br>(Mailing address MAY BE A POST OFFICE L            | ·  |                                      |
| B. If amending the registered agent and/or re<br>agent and/or the new registered office address | gistered office address on our records,<br>s here:                                   | enter the name of the new regist     |
| Name of New Registered Agent:   |  | <u> </u>                             |
| New Registered Office Address:  | Enter Florida stree  | t address                            |
|   |  | . Florida                            |
|   | City   | , Florida<br>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 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 |
|--------------|-----------------|---|----------------|
| AMBR         | Vance E. Mixell | 1226 Timberhill Street North Port, FL 34288 | <b>=</b> Add   |
|              |                 |   | □Remove        |
|              |                 | <u> </u>                                    | □Change        |
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|  | <del></del>      |                  | . <u>.</u>                 |                                  |  |                       |
| Only adding an additional  | nember to the    | LLC. The prin    | ncipal manger/n            | nember remai                     | ns the same.   | <del></del>           |
|  | <del>-</del>     | -                |                            | <u>-</u>                         |  |                       |
|  |                  |                  |                            |                                  |  |                       |
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| Effective date, if other than the fant of the factor of the date is listed, the date of the late in this document's effective date on the factor of the date on the date of th | : block does no  | ot meet the appl | icable statutory           | or more than 9<br>filing require | (optional<br>0 days after filing<br>ments, this date | g.) Pursuant to 605.0 |
| record specifies a delayed effect<br>d is filed.   | tive date, but i | not an effective | time, at 12:01             | a.m. on the ea                   | rlier of: (b) T                                      | he 90th day after t   |
|  |                  | 2022             |                            |                                  |  |                       |
| Dated  |                  |                  | ·                          |                                  |  |                       |
| Dated February 22  | UN               |                  | myeld<br>thorized represer |                                  |  |                       |