## 116000175534

(Re	equestor's Name)	
(Ac	idress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bı	usiness Entity Nan	ne)
(Do	ocument Number)	
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## **COVER LETTER**

TO:	Registration S Division of Co			
oun in		nstar Centers LLC		
SUBJE	CI:	Name of Lin	nited Liability Company	<del></del>
The enc	losed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please r	eturn all corresp	oondence concerning this matter	to the following:	
		Ellyn Tomaszewski		
			Name of Person	
		The Northstar Centers LL	c	
·			Firm/Company	<del></del>
		301 W. Atlantic Ave. Sui	te 5	
			Address	B
		Delray Beach, FL 33444		<b>89</b> 67
			City/State and Zip Code	ication)
		ellyn@thenorthstarcompan	y.com (to be used for future annual report notif	
For furt	her information	concerning this matter, please of	•	ication)
	`omaszewski		561 513-3613	
	Name	of Person	at () Area Code Daytime	Telephone Number
Enclose	ed 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)	Certificate of Status & Certified Copy (additional copy is enclosed)
	Regis Divis P.O. 1	LING ADDRESS: stration Section ion of Corporations Box 6327 hassee, FL 32314	STREET/COURING Registration Section Division of Corpora Clifton Building 2661 Executive Cerual Tallahassee, FL 32:	n ations nter Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Northstar Centers LLC					
(Name of the Limit	ed Liability Compa (A Florida Limited l	iny as it now appears on ou Liability Company)	<u>ir records.</u> )		
The Articles of Organization for this Limited L Florida document number L16000175534	iability Company	were filed on 9/19/2010	6	and assign	ned
This amendment is submitted to amend the following	owing:				
A. If amending name, enter the new name o	f the limited liab	ility company here:			
The new name must be distinguishable and contain the w	ords "Limited Liabil	lity Company " the designati	ion "LLC" or the abbrey	iation "L.L.(	77 77
Enter new principal offices address, if applic		301 W Atlantic Ave			Siza
(Principal office address MUST BE A STREE		Suite 5		in	- indus
·		Delray Beach, FL 334	44	E.	12.000 12.000
				28	
Enter new mailing address, if applicable:		1730 S Federal Hwy.		72	U Pic
(Mailing address MAY BE A POST OFFICE	BOX)	Suite 380		<u> </u>	بن تام د تابات
		Delray Beach, FL 334	83	2	
B. If amending the registered agent and/ registered agent and/or the new registered of  Name of New Registered Agent:	-		records, enter the	name of	the new
New Registered Office Address:	20295 NE 29 P	lace Suite 200			
	<del> </del>	Enter Florida stre	et address		
	Aventura	· .	, Florida _ <sup>33180</sup>	a	•
•		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 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
AR	Ellyn Tomaszewski	301 W Atlantic Ave	<b>⊟</b> Add
		Suite 5	□ Remove
		Delray Beach, FL 33444	Change
			□ Add
<u>.</u>			□ Remove
-			Change
<del></del>			Add CRET
			□ Remove
			□ Chapge □
			S (g)
			Remove
		<del></del> .	Change
			□ Add
			Remove
			Change
			□ Add
		<del> </del>	Remove
			□ Change

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	<u>.</u>
	<u> </u>
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 Note: If the date inserted in this block does not meet the application.)	
document's effective date on the Department of State's records.	
he record specifies a delayed effective date, but not The 90th day after the record is filed.	an effective time, at 12:01 a.m. on the earlier of
Dated September 27 2016	
	<del></del> '

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Typed or printed name of signee

Filing Fee: \$25.00