L17000034271

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(Address)
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(Business Entity Name)
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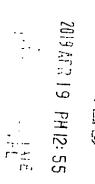
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COVER LETTER

TO: Registration S Division of Co			
SUBJECT: NORTHS	TAR ENERGY SOLUTIONS.	LLC	
Jobate I.	Name of Lin	nited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Randall L. Hunt		
		Name of Person	
	S54 Burlwood St.	Firm/Company	
	Brandon, FL 33511	Address	
	Randy@nsenergysolutions.	City/State and Zip Code com	
	E-mail address: (to be used for future annual report noti	fication)
For further information of	concerning this matter, please ca	u11;	
Randall Hunt		at () 7877126 Area Code Daytim	
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	he 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)

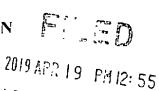
MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



NORTHSTAR ENERGY SOLUTIONS, LLC

company has been notified in writing of this change.

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

(A Florida Limited Li	ibility Company)		-
The Articles of Organization for this Limited Liability Company v	ere filed on 2/13/2017	and	assigned
Florida document number L17000034271			5
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	ty company here:		
NORTHSTAR SOLUTIONS, LLC			
The new name must be distinguishable and contain the words "Limited Liability	Company," the designati	on "LLC" or the abbreviation	"L.L.C,"
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			_
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida stree	address	
		, Florida Zip Cod	
	City	Zip Cod	e ·
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete peacept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office ac	rformance of my du wided for in Chapter	ies, and I am familiar w -605, F.S. Or, if this doc	ith and cument is

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 = M $AMBR = M$	lanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
		-	
			Remove
			Change
			Remove
			Change
			Add
			🗖 Remove
			Change
			Remove
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	c av		(antinnal)	
ective date, if other than the dieffective date is listed, the date must	e specific and cannot be pri	or to date of filing or mo	ore than 90 days after filing) Pursuant to 605.02
te: If the date inserted in this blocument's effective date on the Dep	ck does not meet the appl	icable statutory ming	requirements, this date	will not be fisted a
record specifies a delayed	effective date, but r	ot an effective t	me, at 12:01 a.m.	on the earlier
he 90th day after the reco	ra is filea.			
April 16	2019			
	1 11		. 1	
	Signature of a member or au	1 X Hus	of a member	

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Filing Fee: \$25.00