## 117000186349

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(Cit	ty/State/Zip/Phone	e #)
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## **COVER LETTER**

TO: Registration So Division of Cor			
elin nyyr	NORTHI	ERNVOICE LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return ali correspo	ondence concerning this matter	to the following:	
		SANJAY ARORA	
		Name of Person	
		NORTHERNVOICE LLC	
		Firm/Company	
	224	DATURA STREET, SUITE 1012	
	<u> </u>	Address	
	W	EST PALM BEACH, FL 33401	
		City/State and Zip Code	
		NJAY@ARORA.COM	78 M. 70 M
For further information c	n-man address: ( concerning this matter, please co	to be used for future annual report not	incation)
SANJAY ARORA	one of the second of the secon	561 420-0906 at ()	
Name o	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for t	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:

TO:

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

NOR	THERNVOICE LLC	
( <u>Name of the Limited Liah</u> (A Flori	ility Company as it now appears on our da Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability Florida document number 1.17000186349	Company were filed on 08/31/2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the li</u>	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited Liability Company," the designatio	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI	ORESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	-	
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		ecords, <u>enter the name of the nev</u>
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 limits 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>	<u>Address</u>	Type of Action
AMBR	AKHIL MOHANTY	224 DATURA STREET	Add
		SUITE 1012	Remove
		WEST PALM BEACH, FL 33401	Change
			Add
			□ Remove
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Filing Fee: \$25.00