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COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT: Northern Lights Acquisitions, 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:

	<u>Marsha</u>	II McAllister Name of Person			
	Northern Li	ghts Acquisi	tions, LLC		
	1245	57 Del Rio Dr			
	Northernlightsacq	onville, FL 32 City/State and Zip Code uisitions@gmail.co	m _	2018 SEP SCORET TALLTARY	
For further information cond		all:		24 4358 4258 4258	- E
Marshall Mo	·	at (<u>904</u>) Area Code	412-4089 Daytime Telephone Number	## 8: 2# FLONIDA	
Enclosed is a check for the f	ollowing amount:				
₹ 3 \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate (Sed) Certified	e of Status &	

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Northern Lights Aquisitions, L		
(Name of the Limited Liabilit (A Florida	ty Company as it now appears on our records,) (Limited Liability Company)	
The Articles of Organization for this Limited Liability Corolds document number <u>L18000190128</u>		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
Northern Lights Acquisitions, LLC		
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC" or the	abbreviation "L L.C "
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	(ESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr		r the name of the new
Name of New Registered Agent:		S
New Registered Office Address:	Enter Florida street address	(A2) N
	. Florida	
	City	Szin Colle
New Registered Agent's Signature, if changing Registered	d 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
<u>AMBR</u>	Steven McIntosh	3546 Whalers Way Jacksonville, FL 32257	KI Add
			□ Remove
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	<u> </u>		_ _ \Add
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. –	Registered Agent's last name was mis-spelled,	
	The correct spelling is as follows: McAllister	
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fecti v in effe	ve date, if other than the date of filing:	(optional) ng or more than 90 days after filing.) Pursuant to 605.02
	If the date inserted in this block does not meet the applicable statutor ent's effective date on the Department of State's records.	ry filing requirements, this date will not be listed a
	ord specifies a delayed effective date, but not an effec 90th day after the record is filed.	tive time, at 12:01 a.m. on the earlier
nted _	September 18th 2018	
	Trash of Aller	

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Typed or printed name of signee

Filing Fee: \$25.00