

18000 209932

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

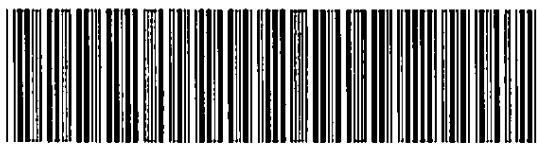
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000327613060

04/16/19--01023--006 \*\$35.00

FILED  
2019 APR 16 PM 6:24  
SOUTH CAROLINA

R. WHITE  
APR 24 2019

April 9, 2019

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

**RE: Northrop Real Estate Solutions LLC**

To Whom It May Concern:

Enclosed with this letter please find the following:

1. The original and one copy of the Articles of Amendment;
2. A check for \$25 for the Filing Fee;
3. A pre-addressed envelope.

Please file and return the certificate to me in the enclosed envelope. If you have any questions or concerns regarding this filing please call me at 800-706-4741.

Sincerely,

Weston Caindec  
Organizer

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Northrop Real Estate Solutions 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:

Weston Caindec  
Name of Person  
Anderson Business Advisors  
Firm/Company  
3225 McLeod Drive, Suite 100  
Address  
Las Vegas, Nevada 89121  
City/State and Zip Code  
ra@andersonadvisors.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Weston Caindec at ( 800 ) 706-4741  
Name of Person Area Code Daytime Telephone Number

Enclosed 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)
- \$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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**FILED**

2019 APR 16 PM 6:24

Northrop Real Estate Solutions LLC

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

STATE OF FLORIDA  
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 08/31/2018 and assigned Florida document number L18000209932.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

3225 McLeod Drive, Suite 100

**(Principal office address MUST BE A STREET ADDRESS)**

Las Vegas, Nevada 89121

**Enter new mailing address, if applicable:**

3225 McLeod Drive, Suite 100

**(Mailing address MAY BE A POST OFFICE BOX)**

Las Vegas, Nevada 89121

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Anderson Registered Agents, Inc

New Registered Office Address:

1000 North Washington Blvd.

*Enter Florida street address*

Sarasota

*City*

Florida 34236

*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>        | <u>Address</u>          | <u>Type of Action</u>                      |
|--------------|--------------------|-------------------------|--|
| AP           | FREEMAN, TRACY L   | 18914 Northrop St       | <input type="checkbox"/> Add               |
|              |                    | Orlando, Florida 32833  | <input checked="" type="checkbox"/> Remove |
|              |                    |                         | <input type="checkbox"/> Change            |
| AP           | TEDDICK, DARRELL E | 18914 Northrop St       | <input type="checkbox"/> Add               |
|              |                    | Orlando, Florida 32833  | <input checked="" type="checkbox"/> Remove |
|              |                    |                         | <input type="checkbox"/> Change            |
| AMBR         | YETMUNG, LLC       | 1718 Capitol Avenue     | <input checked="" type="checkbox"/> Add    |
|              |                    | Cheyenne, Wyoming 82001 | <input type="checkbox"/> Remove            |
|              |                    |                         | <input type="checkbox"/> Change            |
|              |                    |                         | <input type="checkbox"/> Add               |
|              |                    |                         | <input type="checkbox"/> Remove            |
|              |                    |                         | <input type="checkbox"/> Change            |
|              |                    |                         | <input type="checkbox"/> Add               |
|              |                    |                         | <input type="checkbox"/> Remove            |
|              |                    |                         | <input type="checkbox"/> Change            |
|              |                    |                         | <input type="checkbox"/> Add               |
|              |                    |                         | <input type="checkbox"/> Remove            |
|              |                    |                         | <input type="checkbox"/> Change            |

