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(Red	questor's Name)	
(Add	dress)	
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(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	





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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: No	rth Hills Pm Name of Lin	LLC	
	Name of Li	mited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sul	bmitted for filing.	
Please return all correspo	ndence concerning this matter	r to the following:	
	4cza L	Ashley Name of Person	
	North	Firm/Company	
		Firm/Company	
	3171	SW 21th st.	
		Audress	
	Pt. lauderda	de, FC 33312	
	1.	City/State and Zip Code	
	E-mail address: (City/State and Zip Code A 22 Q Hb+mq: 1. to be used for future annual report notification.	(an fication)
For further information co	ncerning this matter, please ca		,
JASON	Ashley	at (<u>974)</u> <u>629</u> -	7481
Name of	Ciscin	Area Code Daytimo	: 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)

 $TO \cdot$

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**

North Hills PM LLC
North Hills PM LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on Fcb 21 2019
Florida document number <u>L 1900051083</u> .
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 "LLC."
Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)
- CONLOGY
Enter new mailing address, if applicable:
Mailing address MAY BE A POST OFFICE BOX)
3. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here:
Name of New Registered Agent: JASUN ASHLEY
New Registered Office Address:
Enter Florida street address
City Zip Code ew Registered Agent's Signature, if changing Registered Agent:
A CHARLET IN CHARGING REPSIEFFED Agent:

No

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.

Changing Registered Agen

Page 1 of 3

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
MGR_	JASUNAASHIC	
mgR	Briana N. Ashly	31715w 21 St. fladed R DRemove
		□ Remove
		□ Change
		□ Add
		Remove
		—————————————————————————————————————
		—————————————————————————————————————
		□ Remove
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T1000	
If an effe Note: 1 docume	ve date, if other than the date of filing:
ne reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated _	March 18 John Signature of a member of a member
	Signalure of a hember or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00