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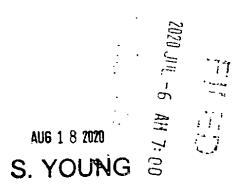
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## **COVER LETTER**

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

subject: <u>NOV</u>	th Star Thero Name of Lim	y and Consulty ided Lability Company	ng LLC
The enclosed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Alice	A. Gilsinan Name of Person	
	North Sta	r Thorapy and Con Firm/Compliny	isulting if c
	791 C	Hrus Place	
		ton, Florida 3 City/State and Zip Code	
	<u>alicaneme</u> E-mail address: (	donald @ yapoo.	ification)
For further information co	oncerning this matter, please ca	all:	
Alice A. Gi	Sinan Person	at (54) 403 Area Code Daytin	3 - 4174 ne Telephone Number
Enclosed is a check for th	e 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 S Division of C	Section	<u>Street Address:</u> Registration Se Division of Co	
P.O. Box 632	•	The Centre of T	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

North Star Therapy and Consulting LLC

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

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Compa	nv were filed on $5$ –	29-2020	_ and assigned
Florida document number <u>L 20000 14 70 12</u> .			and assigned 2020 Juli
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	ability company here:	•	
NA		• •	<u></u>
The new name must be distinguishable and contain the words "Limited Lie	ability Company," the designati	on "LLC" or the abbre	riatio <u>m</u> L.L.C."
Enter new principal offices address, if applicable:	NA		
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	<u>NA</u>		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	e A. Gilsina NA Enter Florida stree	et address	
	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 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>	Name	Address	Type of Action
MGR	Alice A. McOonald	791 citrus PI:, Wellington, FL 33	3.414/□Add
			Remove
			□Change
MGR	Alice A. Gilsinan	791 Citrus Place, Wellington, FL 33414	ÆAdd
		33414	<del> </del> □Remove
		<del></del>	□Change
			□Add
			□Remove
			□Change
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			□Remove
			□Change
			🗆 Add
		-	□Remove
			□Change

_	
_	
_	
iote: If	e date, if other than the date of filing: 5/29/200 (optional) ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed at t's effective date on the Department of State's records.
record s Lis filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated _	7-2-2020
	Auxi a, Allsman Signal of Signature of a member or authorized representative of a member
	Signature of a member of authorized representative of a member