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(Red	questor's Name)	
(Add	dress)	
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(City	y/State/Zip/Phone	e #)
PICK-UP		MAIL
(Bu	siness Entity Nan	ne)
(Doo	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to f		
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2020 NOV 10 PH 6: 25

DEC 1 6 2020 S. YOUNG **COVER LETTER**

TO: Registration Section Division of Corporations

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SUBJECT: Non THISTAR Ligues 10 11C

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SAFRA PILEMUT Name of Person Monthsian liquons lo lic 7325 Manlie St. Or Anno. Fr. 32819 Address OrlAnop, FL 32219 City/State and Zip Code KEMJI. 5786 (gmsil. Com E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ar 732 754-5558 Area Code Davtime 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)

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

A만TICLES OF A TO ARTICLES OF OF OF) RGANIZATION	
NORTHSTAN Ligues (Name of the Limited Liability Company (A Florida Limited Lia	<u>y as it now appears on our records.</u>) ability Company)	2620 HOV 1 0
The Articles of Organization for this Limited Liability Company w Florida document number $L2nccl48072$	were filed on 06 $01/252$	and assigned i
This amendment is submitted to amend the following:		25
A. If amending name, enter the new name of the limited liabili	ty company here:	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	•	
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:	, Idress on our records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:		
	Enter Florida street address	
	, Florid	a 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 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
MER	SAlim PREMOS	7325 HARlie ST	🗆 Add
		Orlando, FL 32819	Remove
			Change
			🗆 🖂 🖂 🖂
			□Change
			🗆 Add
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			🗆 Remove
			□Change

nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
	(optional) e prior to date of tiling or more than 90 days after filing.) Pursuant to

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If the record 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 record is filed.

Filing Fee: \$25.00