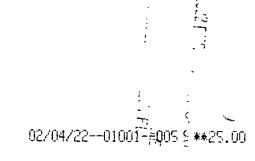
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	(Requestor's Name)	
	(444-22)	
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	(City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
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## **COVER LETTER**

	istration Session of Cor			
eunica.		AR INVESTMENT LLC		
SUBJECT:		Name of Limi	ted Liability Company	
The enclosed	Articles of	Amendment and fee(s) are subt	nitted for filing.	
Please return	all correspo	ndence concerning this matter (	o the following:	
		SAPNA PREMJI		
			Name of Person	
		NORTHSTAR INVESTM	ENTILLC	
			Firm/Company	
		7325 HARLIE STREET		
			Address	
		ORLANDO, FL 32819		
		PREMJIS786@GMAIL.CO	City/State and Zip Code	
		E-mail address: ()	to be used for future annual report	t notification)
For further in	iformation c	oncerning this matter, please ca	all:	
SAPNA PRI	ЕМЛ		732 754-555	8
Name of Person		Area Code Di	nytime Telephone Number	
Enclosed is	i check for t	he following amount:		
<b>■</b> \$25.00 I	filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Re	iling Addre	Section	Street Addres Registration	1 Section
	vision of C D. Box 631	Corporations 27		Corporations of Tallahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NORTHSTAR INVESTMENT LLC		<u> </u>
( <u>Name of the Limited Liabil</u> (A Florid	lity Company as it now appears on our records. la Limited Liability Company)	_)
the Articles of Organization for this Limited Liability C		and assigned
lorida document number 1.21000326665	<del></del> -	
his amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the lin</u>	nited liability company here:	
The new name must be distinguishable and contain the words "Lir	mited 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 ADD	RESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere	ed office address on our records, enter t	the name of the new regi
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	·
	Fle	orida
	Circ	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, <u>enter the title</u>, <u>name</u>, <u>and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	ADIA DICKINSON	190 INDEPENDENCE LANE 2-C	<b>=</b> Add
		MAITLAND, FL 32751	□Remove
			□Change
			□Remove
			Change
			🗀 Add
			□Remove
			□Change
			🗆 Add
			□Remove
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ote: If the date inse	her than the date of ed, the date must be spec- erted in this block does date on the Departme	s not meet the appile	cable statutory ining	re than 90 days after filin requirements, this dat	g.) Pursuant to 605.020' e will not be listed as
record specifies a de is filed.	elayed effective date, b	out not an effective t	time, at 12:01 a.m. o	n the earlier of: (b) 1	The 90th day after the
			·		
02/03/2022		<del></del> <del></del>	<del></del>		
ated		$\overline{\mathcal{C}}$			
ated 02/03/2022	Signatur	re of a member or mul	norized representative	of a member	