

L21000366189

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

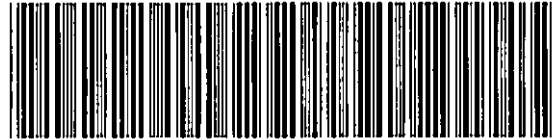
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600396713876

RECEIVED
FILING OFFICE
11/02/22

2022 NOV -2 PM 1:51

FILED

11/02/22--010039070 ***25.00

2022 NOV -2 PM 1:31

A. BUTLER

NOV - 2 2022

COVER LETTER

TO: Registration Section
Division of Corporations
NORTHSTAR VAPE 2 LLC

SUBJECT: _____
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:

NIMESH PATEL

Name of Person

Firm/Company

6320 CLARCONA COVE RD STE 110

Address

ORLANDO FL 32810

City/State and Zip Code

NIMESH0@YAHOO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NIMESH PATEL 407 766-7474

Name of Person at (_____) _____
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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

FILED

NORTHSTAR VAPE 2 LLC

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

2022 AUG 2 PM 1:51
AUGUST 26 2021
CLERK OF STATE

The Articles of Organization for this Limited Liability Company were filed on _____ and assigned
Florida document number 121000366189.

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

NORTHSTAR VAPE 2 LLC

6320 CLARCONA OCOEE RD STE 110

ORLANDO FL 32810

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:

NIMESH PATEL

New Registered Office Address:

6320 CLARCONA OCOEE RD STE 110

Enter Florida street address

ORLANDO

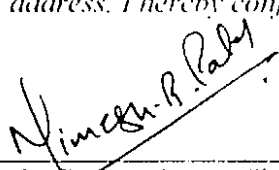
Florida 32810

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	PREMIJ, SAPNA	HARLIE STREET	<input type="checkbox"/> Add
		ORLANDO, FL 32819	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	SHARIF, AAMER	13625 ZORI LANE	<input type="checkbox"/> Add
		WINDERMERE, FL 34786	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	PREMIJ, AZIZ	5597 MANGROVE COVE AVE	<input type="checkbox"/> Add
		WINTER GARDEN, FL 34787	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	NIMESH PATEL	6320 CLARCONA COCOEE RD STE 110	<input checked="" type="checkbox"/> Add
		ORLANDO FL 32810	<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

[illegible]

(If an effective 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 605.0207 (3)(b)

OCTOBER 20 2022

Dated _____

Signature of _____

Signature of a member or authorized representative of a member

NIMESH PATEL

Typed or printed name of signer