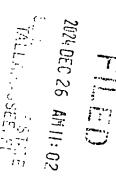
M2100000 4940

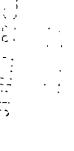
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
inactive Revoked For				
inactive Revoked For Annual Report				

Office Use Only



900441411189





100

CSC - Tallahassee CSC 1201 Hays Street Tallahassee, FL 32301-2607 850-558-1500, Ext:

To: Department Of State, Division Of Corporations

From: Ben Bolen

Ext:

Date: 11/22/24 Order #: 1694030-2 Re: OneThirtyOne LLC Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Foreign Amendment Supporting Documents

Amount to be deducted from our State Account: \$25 - FL State Account Number:

120000000195

Please take the following action:

File in your office on basis Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

CSC - Tallahassee CSC 1201 Hays Street Tallahassee, FL 32301-2607 850-558-1500, Ext:

To: Department Of State, Division Of Corporations

From: Ben Bolen

Ext:

Date: 1-1222 of / 15/26

Order #: 1694030-2 Re: OneThirtyOne LLC Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Foreign Amendment Supporting Documents

Amount to be deducted from our State Account: \$25 - FL State Account Number:

12000000195

Please take the following action:

File in your office on basis Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

Division of Corporations	
OneThirtyOne LLC	
	eign Limited Liability Company
Dear Sir or Madam:	
The enclosed application, certificate and fee((s) are submitted for filing.
Please return all correspondence concerning	this matter to the following:
Lynn Johnson	
Name of Person	
Dorilton Capital Management LLC	
Firm/Company	
32 Avenue of the Americas, 26 FL	
Address	
New York, New York 10013-2473	
City/State and Zip Co	ode
lynn.johnson@nmsgroup.llc	
E-mail address: (to be used for future annu	ual report notification)
For further information concerning this matt	ter, please call:
Lynn Johnson	917 853-4147 at (
Name of Person	Area Code & Daytime Telephone Number
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
Enclosed is a check for the following S25 Filing Fee S30 Filing Fee & Certificate of Status CR2E055 (9/15)	□ \$55 Filing Fee & □ \$60 Filing Fee,

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on th	e records of the Florida Departme	ent of
State: OneThirtyOne LLC		
Enter new principal office address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		A DEC
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		26 MH: 02
2. The Florida document number of this limited liability	company is: M21000004940	
(If name unavailable, enter alternate name adopted for the	ges) ark Strategies LLC ain "Limited Liability Company," the purpose of transacting business	""L.L.C.," or "LLC.")
copy of the written consent of the managers or managing must contain "Limited Liability Company," "L.L.C." or 6. If amending the registered agent and/or registered office address Name of New Registered Agent: Name of New Registered Agent:	"LLC.") icer address on our records, enter there:	the name of the new
New Registered Office Address:	Enter Florida Street	Address
	, Flo	orida Zip Code
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent and the provisions of all statutes relative to the proper and c and accept the obligations of my position as registered a document is being filed to merely reflect a change in the liability company has been notified in writing of this change.	ed Agent: l agree to act in this capacity. I fu omplete performance of my dutie, agent as provided for in Chapter t registered office address, I herel	s, and I am familiar with 605, F.S. Or, if this

If Changing Registered Agent, Signature of New Registered Agent

. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:				
tle/ Capacity	<u>Name</u>	Address	Type of Action	
			□Add	
			□Remo	
			DAdd	
			□Remo	
			DAdd	
			□Remo	
				
			□Remo	
			□Add	
aforementioned ar	ficate, if required: no more than 90 day nendment(s), duly authenticated by the the law of which this entity is organize Signature of the	e official having custody of reco	□Remo	

Filing Fee: \$25.00

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "ONETHIRTYONE LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "NORTHMARK STRATEGIES LLC" ON THE SIXTH DAY OF NOVEMBER, A.D. 2024, AT 3:02 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.



Authentication: 204947392 Date: 11-22-24

3609983 8320 SR# 20244292273



December 27, 2024

CSC-TALLAHASSEE

SUBJECT: ONETHIRTYONE FL LLC

Ref. Number: M21000004940

We have received your document for ONETHIRTYONE FL LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

YOUR ENTITY ONE THIRTY ONE LLC IS CURRENTLY INACTIVE AND REVOKED FOR ANNUAL REPORT.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 024A00027873

Anissa Butler Regulatory Specialist II

www.sunbiz.org



December 27, 2024

CSC-TALLAHASSEE

RESUBMIT

Please give original submission date as file date.

SUBJECT: ONETHIRTYONE FL LLC

Ref. Number: M21000004940

We have received your document for ONETHIRTYONE FL LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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Anissa Butler Regulatory Specialist II

Letter Number: 024A00027873

2025 JAN 15 PH 3: 40

CEAMED