## P09000036989

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: NORTH STAR ENTREPRENEUR SOLUTIONS, INC.

DOCUMENT NU	MBER:	P090000369	89
The enclosed Artic	eles of Amendment and fee a	re submitted for filing.	
Please return all co	orrespondence concerning thi	s matter to the following:	
		Sandra L Abrams	
	N	arne of Contact Person	
	N	onprofit Navigator	
		Firm/ Company	
		P.O. Box 120382	
		Address	
	<del></del>	ermont, FL 34712	
		ity/ State and Zip Code	
<del></del>	exempt@ E-mail address: (to be use	501c3experts.com I for future annual report notification	on)
For further informa	ation concerning this matter,	please call:	
Sa	andra L Abrams	at ( 352 )	241-4422
Name	of Contact Person	Area Code & Daytime	Telephone Number
Enclosed is a check	for the following amount m	ade payable to the Florida De	epartment of State:
☑\$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclose	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Street Address Amendment Section Division of Corporations Clifton Building	3

2661 Executive Center Circle

Tallahassee, FL 32301

## **Articles of Amendment** to **Articles of Incorporation** of

## NORTH STAR ENTREPRENEUR SOLUTIONS, INC. (Name of Corporation as currently filed with the Florida Dept. of State) P09000036989

	fit Navigator, Inc.		_The new
name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "proj	designation "Corp," "Inc	c," or "Co". A professional co	i" or the prporation
B. Enter new principal office address, if app	licable:	A P	
(Principal office address MUST BE A STREE		<u></u>	A P
	<del></del>	<del></del> <del></del>	APR 25
			179
C F		, "", 	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)			ج ۾
(		. 5	<b>5</b> 5
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D. If amending the registered agent and/or r		n Florida, enter the name of th	<u>1e</u>
D. If amending the registered agent and/or r new registered agent and/or the new regis		n Florida, enter the name of th	<u>ie</u>
		n Florida, enter the name of th	ne
new registered agent and/or the new regis		n Florida, enter the name of th	<u>e</u>
new registered agent and/or the new regis			<u>e</u>
new registered agent and/or the new regis	stered office address:	address)	<u>e</u>
new registered agent and/or the new regis	stered office address:		<u></u>

The date of each amendment(s)	adoption: April 22, 2011			
Effective date if applicable:	(date of adoption is required)			
(no more than 90 days after amendment file date)				
Adoption of Amendment(s)	(CHECK ONE)			
The amendment(s) was/were aby the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.			
	approved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):			
"The number of votes cas	t for the amendment(s) was/were sufficient for approval			
by	27			
(ve	oting group)			
The amendment(s) was/were a action was not required.	adopted by the board of directors without shareholder action and shareholder			
The amendment(s) was/were a action was not required.	adopted by the incorporators without shareholder action and shareholder			
DatedAp	ril 22, 2011			
Signature	Sardra of albans			
	lirector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court			
	ted fiduciary by that fiduciary)			
	Sandra L. Abrams			
_	(Typed or printed name of person signing)			
_	President			
_	(Title of person signing)			