P18000038717

(Requ	estor's Name)	
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(City/S	tate/Zip/Phone #	‡)
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PICK-UP	WAIT	MAIL
Busin	ess Entity Name	<u> </u>
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(Docui	ment Number)	
Certified Copies	Certificates of	of Status
Special Instructions to Fili	ng Officer:	

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SECRETARY OF STATE

Cf 2/15/2022

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: NORTHSTAR PR	OJECT MANAGEMENT	INC		
DOCUMENT NUMB					
	of Amendment and fee are su	bmitted for filing.			
Please return all corres	pondence concerning this ma	itter to the following:			
	CAGRI KANVER				
-	Name of Contact Person				
Firm/ Company					
-	540 BRICKELL KEY DRIVE SUITE 214				
	Address MIAMI, FL 33131				
•		City/ State and Zip Cod	e		
:	INFO@IMCACCT.COM				
-	E-mail address: (to be us	sed for future annual report	notification)		
For further information	concerning this matter, pleas	se call:			
CAGRI KANVER		at (252-9430		
Name of Contact Person Area Code & Daytime Telephone Nu			de & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:		
■ \$35 Filing Fee	S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

NORTHSTAR PROJECT MANAGEMENT INC

	tly filed with the Florida Dep 2025 EB - 2 PM 1:21		
P18000038717	SECRETARY OF STATE		
(Document Number)	of Corporation (if known) SECRETARY OF STATE ALLAHASSEE, FL		
ursuant to the provisions of section 607.1006, Florida Statutes, this s Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s)		
If amending name, enter the new name of the corporation:			
ame must be distinguishable and contain the word "corporation," Inc.," or Co.," or the designation "Corp," "Inc.," or "Co", chartered," "professional association," or the abbreviation "P.A.	A professional corporation name must contain the word		
. Enter new principal office address, if applicable:	540 BRICKELL KEY DRIVE		
Principal office address <u>MUST BE A STREET ADDRESS</u>)	SUITE 214		
	MIAMI, FL 33131		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	540 BRICKELL KEY DRIVE		
	SUITE 214		
	MIAMI, FL 33131		
If amending the registered agent and/or registered office add new registered agent and/or the new registered office address	ress in Florida, enter the name of the		
Name of New Registered Agent N/A			
(Florida sti	reet address)		
New Registered Office Address: \(\textstyle \textstyle \frac{1}{A}\)			

Check if applicable

[☐] The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	PT	<u>John Doe</u>		
X Remove	$\underline{\mathbf{V}}$	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	Title	<u>Name</u>	<u>Address</u>	
1) Change		N/A		
Add				
Remove				
2) Change				
Add				
Remove 3) Change		<u></u>		
Add				_
Remove				
4) Change				
Add				
Remove				
51 Change				
Add				
Remove				
6) Change				
Add				
Remove				

If amending or addin (Attach additional shee					
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f an amendment prov provisions for implen	<u>ides for an exchange</u> tenting the amendm	e, reclassificatio ent if not contai	n, or cancellation ned in the amend	of issued shares.	
(if not applicable,	indicate N/A)		near the amene	dicit tistii.	
	71	(/)			
	<u> </u>		-		
			 		
				<u> </u>	

The date of each amendment(s date this document was signed.	adoption:	, if other than the
_		
Effective date <u>if applicable</u> : _	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, Department of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without sharehold	er action and shareholder
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amend sufficient for approval.	iment(s)
	approved by the shareholders through voting groups. The following sfor each voting group entitled to vote separately on the amendment(s)	
"The number of votes of	ast for the amendment(s) was/were sufficient for approval	
bv	••	
	(voting group)	
1/27/20: Dated Signature	JANA	
sele	a director, president or other officer – if directors or officers have not cted, by an incorporator – if in the hands of a receiver, trustee, or othe ointed fiduciary by that fiduciary)	
	CAGRI KANVER	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	