Division of Corporations Electronic Filing Cover Sheet

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(((H110002955023)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : FOWLER WHITE BURNETT P.A.

Account Number : 071250001512

Fax Number

: (305)789-9200 : (305)789-9201

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: dmayo@fowler-white.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN WILSTA INVESTMENTS - 1102, LLC

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Certificate of Status	U
Certified Copy	1
Page Count	02
Estimated Charge	\$55.00

Electronic Filing Menu

Corporate Filing Menu

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12/16/2011

Audit No. H11000295502 3

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	,	
TALLAHASSEE, FLORIDA	2011 DEC 19 AM 8: 20	FILED

WILSTA INVESTM	ENTS - 1102, LLC	
(Name of the Limited Liability Compa (A Florida Limited I	ny na it now appears on our records.) Jability Company)	
The Articles of Organization for this Limited Liability Company Florida document numberL10000132041		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:	
NextGen - 1	102, LLC	
The new name must be distinguishable and end with the words "Limi "L.L.C."	ited Liability Company," the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:	1172 S. Dixie Hwy, #481	
(Principal office address MUST BE A STREET ADDRESS)	Coral Gables, FL 33146	
Enter new mailing address, if applicable:	1172 S. Dixie Hwy, #481	
(Mailing address MAY BE A POST OFFICE BOX)	Coral Gables, FL 33146	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	·	
Name of New Registered Agent:		
New Registered Office Address:		
,,	Enter Florida street address	

Now 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 608, 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Florida

Zip Code

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MGR = Manager

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records;

MGRM =	Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
·	····		Add Remove
			∴ Add Remove
			Add Remove
			Add Remove
	· · · · · · · · · · · · · · · · · · ·		Add Remove
<u></u>			Add
D. If amei	nding any other information, enter cha	nge(s) here: (Attach additional sheets, if necess	ary.)
- -			TALLAHASSEE
Dated	Delorah	2011 May c	AM 8: 20 OF STATE OF FLORIDA
	Signuture of a mem Deborah May	yo, as authorized representative	
Audit W	Тур ъ. и11000295502 3	Page 2 of 2	
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Filing Fee: \$25.00