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EXAMINER



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DECRETARY OF STATE
ALL AHASSEE, FLORID.

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: Next Generation Rental Homes, LLG 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:					
Aaron Millman Name of Person					
Cheperik Trushin LLP Firm/Company					
12550 Biscaine Boulevard, Suite 904					
North Miami, FL 33181 City/State and Zip Code					
any fourtain @ fourtain engineering. net E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Name of Person at (305) 481 – 8889 Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount:					
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \$\ \frac{\$\$\$\$60.00 Filing Fee, \text{Certified of Status & Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}					

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Next Generation (Name of the Limited Lia) (A Flo	Rental bility Company as it no rida Limited Liability C	ow appears on our records.)	,	
The Articles of Organization for this Limited Liabil Florida document number	ity Company were file			
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of the	e limited liability com	pany here:		
The new name must be distinguishable and end with the "L.L.C."	e words "Limited Liabil	ity Company," the designation	on "LLC" or the abbreviation	
Enter new principal offices address, if applicable	e:		12 12	
(Principal office address MUST BE A STREET A	DDRESS)	-	TAR E TY	
			SS 1	
			SEE OF IT	
Enter new mailing address, if applicable:			TS F	
(Mailing address MAY BE A POST OFFICE BO)	<u>x)</u>		ORIGINATE SECTION OR SECTION OR SECTION OF S	
B. If amending the registered agent and/or registered agent and/or the new registered office		ress on our records, <u>ent</u>	er the name of the nev	
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
_	, Florida			
	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 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.

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:

MGR = Manager

MGRM = Managing Member Type of Action Title Address Name MGRM Army Fontan Revocable Trust Mrcm MURM Wesa Michael Brown D. If amonding any other information, enter change(s) here: (Attach additional sheets, if necessary.) 21050 SW 1720 Avenue & Add Miani, FL 33187 NGR 21050 SW 172nd Aune BALD Miani FL 33187 Dated Signature of a member or authorized representative of a member Acron Milman
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00