

L15000109006

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

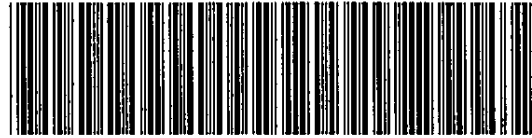
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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JUN 06 2016  
J. BRUCE

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:**           NEXT LEVEL CONSTRUCTION AND DESIGN LLC            
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:

          SHANE MCGARITY            
Name of Person

          NEXT LEVEL CONSTRUCTION AND DESIGN LLC            
Firm/Company

          PO BOX 2457            
Address

          DOSMAR, FL 34677            
City/State and Zip Code

          SHANE MCGARITY 1 @ GMAIL.COM            
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

          SHANE MCGARITY           at           (913) 770 1233            
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 Filing Fee, Certificate of Status & 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

2016 JUN - 2 PM 4:05  
 SECRETARY OF REVENUE  
 TALLAHASSEE, FL 32301  
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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager  
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>NATALIE MONTESSANO</u>	<u>5323 MILLENIA LAKES BLVD</u>	<input type="checkbox"/> Add
		<u># 300 ORLANDO FL 32829</u>	<input checked="" type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
<u>MGR</u>	<u>ALFRED BARROTT</u>	<u>3261 W. SAINT BRIDES CIR</u>	<input type="checkbox"/> Add
		<u>ORLANDO, FL 32812</u>	<input checked="" type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
<u>MGR</u>	<u>MATTHEW SELIGMAN</u>	<u>5323 MILLENIA LAKES BLVD</u>	<input checked="" type="checkbox"/> Add
		<u># 300 ORLANDO FL 32829</u>	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
		_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
		_____	<input type="checkbox"/> Add
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		_____	<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

CHANGE MAILING ADDRESS From: PO Box 947746 MAITLAND FL 32794  
to: PO Box 2457 OLOSMAR FL 34677


E. Effective date, if other than the date of filing: 5/31/16 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated May 31, 2016.



Signature of a member or authorized representative of a member

SHANE MCGARITY

Typed or printed name of signee

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