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COVER LETTER

Division of C	orporations		
SUBJECT:	NEXT LEVEL CONSTANT Name of Lim	ited Liability Company	
		, ,	
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	pondence concerning this matter	to the following:	
	SHANE	Musity Name of Person	
		EL CONSTRUCTION AND Firm/Company	DESIGN LCC
	PO BOX	2457 Address	
	<u>DLOS MA</u>	City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	(omall.Com
	concerning this matter, please ca		
S HANK Name	of Person	at (<u>§13</u>) <u>770</u> Area Code Daytime	Telephone Numbers AHASSEE
Enclosed is a check for	the following amount:		SSEE 2
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certificate Copy (additional Copy is closed)
	LING ADDRESS:	STREET/COURI	•

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

Registration Section

TO:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NEXT LEVEL CONSTRUCTED (Name of the Limited Liability Compa) (A Florida Limited L	ny as it now appears on our records.)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on $\frac{\sqrt{2}/2015}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabilite Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	ρο Box 2457 OLDSMANL FL 34677
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida 5
	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 605, 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 Changing Registered Agent, Signature of New Registered Agent

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>	Address Type of Acti	on
Mbr	NATALIÉ MONTESANO	5323 MILLENIA LAILES BLYO DAdd	
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		ORLANDO EL 32812 DE Remove	
		Change	
Mbe	MX+HEW SECIEMAN	S323 MILLEUIA LAKES BLID TAND	
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