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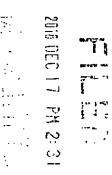
(Requestor's Name)
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(Business Entity Name)
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Special Instructions to Filing Officer:





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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: Ne	X+ Level (LONAL CHONS ited Liability Company	LLC_
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Nicholas	Name of Person	
	NexTREVE	Connection Firm/Company	25 LGC
	1645 Pa	Im Beach La	akes BIVD #1200
	West Pa	City/State and Zip Code	133401=
	NLORRI E-mail address: (1	5090 @ gma	ication)
For further information co	oncerning this matter, please ca	all:	
Micholas Name of	Lamis	at (954) 368 Area Code Daytimo	Telephone Number
			•
Enclosed is a check for th	e 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

ARTICLES OF AMENDMENT TO % ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST_BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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 Action
MGR	Joshua Curtis Gilbe	Jensen Beach Fl 34957	🖸 Add
		Jensen Iseach Fi 34957	Remove
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ne date inserted in this block does not meet the applicable statutory filing requirements, this date is effective date on the Department of State's records.	
I specifies a delayed effective date, but not an effective time, at 12:01 a.m.	Pursuant to 605.0 will not be listed
th day after the record is filed.	on the earlier
Oec 3018.	
Signature of a member or authorized representative of a member	
Signature of a member of authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00