2/21/24, 2:34 PM Division of Corporations

L22000532896

Florida Department of State
Division of Corporations
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((H24000070283 3))

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : ZENBUSINESS INC.
Account Number : I20230000190
Phone : (844)449-3624
Fax Number : (844)449-3624

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TALLAHASSEE, FLORIDA

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SOFTWARE CONSOLIDATION & IT CONSULTANTS LLC

Certificate of Status	0
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COVER LETTER

(((H24000070283 3)))

TO: **Registration Section**
Division of Corporations

SUBJECT: Software Consolidation & IT Consultants 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:

Name of Person

ZENBUSINESS INC
Firm/Company

5511 PARKCREST DRIVE, STE 103
Address

AUSTIN, TX 78731
City/State and Zip Code

FULFILLMENT@ZENBUSINESS.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

FILING TIERRAWIL at (844) 493-6249
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)

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

StreetAddress:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

(((H24000070283 3)))

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Software Consolidation & IT Consultants LLC

(Name of the Limited Liability Company, as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 01-02-2023 and assigned Florida document number L22000532896.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

NextGen IT Advisors LLC

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)

2703 39th Ave w
Bradenton, FL 34205

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

2703 39th Ave w
Bradenton, FL 34205

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2024 FEB 21 AM 9:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

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 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

Title	Name	Address	Type of Action
ambr	Zachary Craig Leff	2703 39th Ave w Bradenton, FL 34205	☐ Add ☐ Remove ■ Change
ambr	Akiel Allen	502 Maple St Conshohocken, PA 19428	■ Add ☐ Remove ☐ Change
ambr	PKSB ENTERPRISES LLC	7810 SCOTIA DR Dallas, TX 75248	■ Add ☐ Remove ☐ Change
			☐ Add ☐ Remove ☐ Change
			☐ Add ☐ Remove ☐ Change
			☐ Add ☐ Remove ☐ Change

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

E. Effective date, if other than the date of filing: _____ (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 February 21 2024

/S/ Zachary Craig Leff

Signature of a member or authorized representative of a member

Zachary Craig Leff

Typed or printed name of signee

Filing Fee: $25.00