

**L08000030287**

Florida Department of State  
Division of Corporations  
Public Service Center

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To: Division of Corporations  
Fax Number : (850) 437-6323

From: Account Name : SUPERBIZ.COM, INC.  
Account Number : F20070000163  
Phone : (800) 694-3124  
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\*\*Enter the email address for this business entity to be used for future Annual Report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
HOME TRADE INTERNATIONAL, LLC**

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2017 MAR 28 PM 4:49 17 MAR 28 AM 9:19

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

MAR 29 2017  
J. HARRIS

ARTICLES OF AMENDMENT H17000085481 3  
TO  
ARTICLES OF ORGANIZATION  
OF

HOME TRADE INTERNATIONAL, 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 MARCH 25, 2008 and assigned Florida document number L08000030287.

This amendment is submitted to amend the following:

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

NEXXTSURGERIES 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)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

\_\_\_\_\_  
\_\_\_\_\_  
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**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

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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>
AMBR	HECTOR RIVERA	186 SE 12 TERRACE APT 803	<input type="checkbox"/> Add
		MIAMI, FL 33131	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	PRINCEFF FERNANDEZ	186 SE 12 TERRACE APT 803	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33131	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

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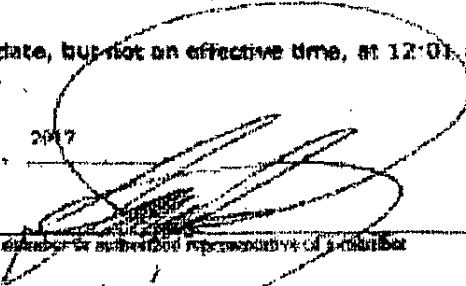
E. Effective date, if other than the date of filing: *(optional)*

*(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 686 (2)(7) (1)(b)*

*Warning: If the date entered 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 MARCH 27TH 2007



*Signature of a director or authorized representative of a committee*

HECTOR RIVERA

*Typed or printed name of signer*

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