

Division of Corporations

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LB8000030287

Florida Department of State
Division of Corporations
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((F17000102367 3))



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To: Division of Corporations
Fax Number : (850) 417-4383

From: Account Name : NUTRABIZ, INC
Account Number : T20070000100
Phone : (800) 494-3124
Fax Number : (305) 675-2021

Enter the email address for this business entity to be used for future annual report filings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
NEXTSURGERIES LLC

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APR 18 2017

ARTICLES OF AMENDMENT H17000102367 3
TO
ARTICLES OF ORGANIZATION
OF

NEXXTSURGERIES 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:

NEXXTRAVELS 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)

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

City, Florida 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: H17000102367 3

MGR = Manager
AMBR = Authorized Member

Table with 4 columns: Title, Name, Address, Type of Action. The table contains 14 rows of blank lines for data entry. The 'Type of Action' column includes checkboxes for Add, Remove, and Change.

Handwritten stamp: RECD 17 JAN 19 11 39

