

L1 00000 34978

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(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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3/26/19 OS

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: ARIA SURGERY CENTER, 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:

Olga KAZRAVAN
Name of Person
NEXT level INNOVATIONS, LLC
Firm/Company
2036 OW 1st ST #
Address
Miami FL 33135
City/State and Zip Code
Olga.KAZRAVAN@gmail.com
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Olga KAZRAVAN at (305) 788-5078
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)

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**

ARIA Surgery Center

(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 03/31/2010 and assigned Florida document number 2700000 34978

This amendment is submitted to amend the following:

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

NEXT level INNOVATIONS, 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)

2036 SW 1st St
Miami FL 33135

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

881 Ocean Drive
Key Biscayne FL
33149

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:

JOABA KAZRAKAN

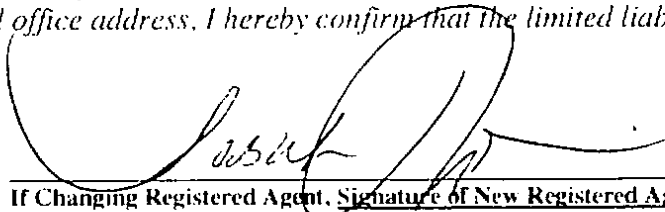
New Registered Office Address:

2036 SW 1st St. Miami FL
Enter Florida street address

Miami, Florida 33135
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> | <u>Address</u> | <u>Type of Action</u> |
|--------------|---------------------|----------------|--|
| MGR AMBR | Daba JAZMIN KAZRARI | 2036 SW 1st St | <input type="checkbox"/> Add |
| | | Miami FL 33135 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR AMBR | Daba KAZRARI | 2036 SW 1st St | <input checked="" type="checkbox"/> Add |
| | | Miami FL 33135 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
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03/31/2010

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.

Dated 3/8/2019

Dated

Signature of a member or authorized representative of a member

Claba KAZRAVA

Typed or printed name of signee