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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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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:

Saba KAZRAVAN

Name of Person

NEXT level Innovations, LLC

Firm/Company

2036 NW 1st St

Address

Miami FL 33135

City/State and Zip Code

SabaKAZRAVAN@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Saba KAZRAVAN

Name of Person

at (305)

Area Code

788-5078

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 1700000 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 NW 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:

GABA KAZRAVAN

New Registered Office Address:

2036 NW 1st St. Miami FL

Enter Florida street address

Miami

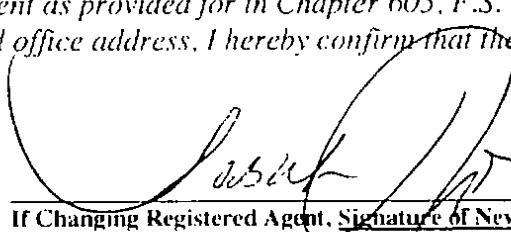
City

33135

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>
ER MBR	Shabu JAZMIN KAZRAVAN	2036 SW 1st ST	<input type="checkbox"/> Add
		Miami FL 33135	<input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
ER MBR	Shabu KAZRAVAN	2036 SW 1st ST	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
		Miami FL 33135	<input type="checkbox"/> Change
		2036 SW 1st ST	<input type="checkbox"/> Add
		2036 SW 1st ST	<input type="checkbox"/> Remove
		2036 SW 1st ST	<input type="checkbox"/> Change
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		2036 SW 1st ST	<input type="checkbox"/> Remove
		2036 SW 1st ST	<input type="checkbox"/> Change

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: 03/31/2010 (optional)

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

3/8/2019

~~Signature of a member or authorized representative of a member~~

Typed or printed name of signee