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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 JUN -6 AM 8:05

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J. SAULSBERRY
EXAMINER

JUN 8 2011

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NEXTGEN FAMILY OFFICE, 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:

FELIX R. CASTILLO

Name of Person

BISCAYNE BUSINESS MANAGEMENT, INC.

Firm/Company

2600 DOUGLAS ROAD , SUITE 400

Address

CORAL GABLES, FL 33134

City/State and Zip Code

FELIX@BISBAYNEMGMT.COM

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

For further information concerning this matter, please call:

FELIX R. CASTILLO

Name of Person

at (305) 556-0167 X 8007

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

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TALLAHASSEE, FLORIDA

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NEXTGEN FAMILY OFFICE, LLC

Page 1 of 2

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	JOSE A. LOPEZ	2600 DOUGLAS ROAD, SUITE 400 CORAL GABLES, FLORIDA 33134	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Dated JUNE 3, 2011

Signature of a member or authorized representative of a member

FELIX R. CASTILLO

Typed or printed name of signee