## L110000046058

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SEGRETARY OF STATE

J. SAULSBERRY EXAMINER

JUN 8 2011

## **COVER LETTER**

TO:

**Registration Section** 

P.O. Box 6327

Tallahassee, FL 32314

Division of Co	orporations				
SUBJECT:	NEXTGEN F	AMILY OFFICE, LLC			
Sobrect.		ited Liability Company			
The enclosed Articles o	f Amendment and fee(s) are sul	omitted for filing.			
Please return all corresp	oondence concerning this matter	to the following:			
		FELIX R. CASTILLO			
		Name of Person			
	BISCAYNE E	BUSINESS MANAGEMENT, INC	C		
		Firm/Company			
	2600 DC	OUGLAS ROAD , SUITE 400			
		Address	**************************************	NUC 1102	المراجع والمراجع
CORAL GABLES, FL 33134		A A	N C	emmin	
City/State and Zip Code			6	1	
	E-mail address: (	@BISBAYNEMGMT.COM to be used for future annual report notification	<u>)                                    </u>	S Mark	
For further information	concerning this matter, please of		ORIDA	8: 05 STATE	7
FELI	X R. CASTILLO	at ( 305 ) 556-016	7 X 800 <b>7</b>	_	
Name	of Person	Area Code & Daytime Telep	phone Number		
Enclosed is a check for	the following amount:				
<b>▼</b> \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fer Certificate of S Certified Copy (additional cop	tatus &	d)
MAILING ADDRESS: Registration Section Division of Corporations		STREET/COURIER A Registration Section Division of Corporations			

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NEXTGEN	FAMILY OFFICE,	LLC		
( <u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appe Limited Liability Company)	ars on our records.)		
The Articles of Organization for this Limited Liability Florida document numberL11000046058	Company were filed on	APRIL18, 2011	and assigne	d
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	nited liability company he	e <u>re</u> :		
The new name must be distinguishable and end with the we "L.L.C."	ords "Limited Liability Comp	pany," the designation "L	LC" or the abbre	viation
Enter new principal offices address, if applicable:			<b>2011</b>	
(Principal office address MUST BE A STREET ADD	RESS)			77
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)			I-6 AM 8: 05	
B. If amending the registered agent and/or registered agent and/or the new registered office ade		our records, enter th	ne name of the	<u>e new</u>
Name of New Registered Agent:				
New Registered Office Address:		nter Florida street addr		
	Enter rioriaa sireet aaaress			
	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 608, 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 the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	JOSE A. LOPEZ	2600 DOUGLAS ROAD, SUITE 400 CORAL GABLES, FLORIDA 33134	Add  ✓ Remove
<del></del>			Add Remove
			Add Remove
<del> </del>			Add Remove
<del></del>			Add Remove
			Add Remove
D. If amend	ling any other information, enter cha		2011 JUN -6 AM SECRETARY OF STALLAHMS SHE, FI
			N 8: 05
Dated	JUNE 3,	2011	
	F	ELIX R. CASTILLO ed or printed name of signee	

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Filing Fee: \$25.00