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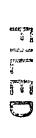
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



COVER LETTER

TO:

	ation Sec n of Corp				
SUBJECT:		NET ZERO DEVE	LOPMENT GRO	OUP, LLC	
	-		ted Liability Company	· · · · · · · · · · · · · · · · · · ·	·
The enclosed Ar	ticles of A	Amendment and fee(s) are sub	omitted for filing.		
Please return all	correspon	idence concerning this matter	to the following:		
		CONRAD JAKUBOW			
			Name of Person		
NEXTGEN STRATEGIES, LLC					
			Firm/Company)
	475 K ST NW UNIT 909				
			Address		
		WA	SHINGTON, DC 2 City/State and Zip Code		
		ciak	city/state and 219 Code		
		E-mail address: (to be used for future annua	report notificat	on)
For further inform	mation co	ncerning this matter, please o	call:	•	
	Conr	ad Jakubow	at (773)		7-3942
	Name of	Person	Area Co	de & Daytime To	elephone Number
Enclosed is a cho	eck for the	e following amount:			
✓ \$25.00 Filing	g Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee Certified Copy (additional copy		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registra Division P.O. Box	NG ADDRESS: tion Section of Corporations x 6327 ssee, FL 32314	Registr Divisio Clifton 2661 E	ET/COURIER ration Section on of Corporation Building executive Center assee, FL 32301	ons r Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NET ZERO DEVELOP				
(Name of the Limited Liability Compar (A Florida Limited L	iability Company)	s on our records.)		
The Articles of Organization for this Limited Liability Company Florida document numberL11000122048	were filed on	10/26/2011	and assig	ned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company her	<u>e</u> :		
The new name must be distinguishable and end with the words "Limit "L.L.C."	ted Liability Compa	nny," the designation "L	LC" or the abb	reviation
Enter new principal offices address, if applicable:	1715 N. Wes	tshore Blvd. Suite	925	
(Principal office address MUST BE A STREET ADDRESS)	Tampa, FL 3	3607		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				 -
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here. Name of New Registered Agent:		our records, enter t	he name of	the new
	· ·			7
New Registered Office Address:	En	ter Florida street addi	ress <	<u></u>
		. Florida		
	City	, rioriua	Szip Code	
New Registered Agent's Signature, if changing Registered Agent:			₩ 155	

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, enter the title, name, and address of each Manager or Managing. Member being added or removed from our records:

MGR = Manager

MGRM = N	ianaging Member		
<u>Title</u>	Name	Address	Type of Action
MGRM	FELKAMP, CHRIS	10460 ROOSEVELT BLVD N, PMB 28 ST. PETERSBURG FL 33716	Add Remove
<u>MGRM</u>	FOX, COLBY	1715 N. Westshore Blvd. Suite 925 Tampa, Fl. 33607	✓ Add ☐ Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter cl	hange(s) here: (Attach additional sheets, if necessary.)	_
			_ _
	<i>A</i>		
Dated	Angest 21	abulow	
	Signature of a me	ember or authorized representative of a member	
		Conrad Jakubow	
	l l	VOCO DE DEBUCCO DAME OF SIMBER	

Page 2 of 2

Filing Fee: \$25.00