## L11000 130774

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



000271344850

02/23/15--01002--006 \*\*25.00

15 APR 23 AM 10: 01

K FPR 23 - FM IO: 00

2015 APR 23 PH 12: 1 SECRETARY OF STA

The second of th

APR 2 4 2015 J. HARRIS

## **COVER LETTER**

TO: Registration So Division of Con			
SUBJECT: Next		ing, LLC	
	Name of Li	mited Liability Company	
The enclosed Articles of	Amendment and fec(s) are su	bmitted for filing.	
Please return all correspo	ndence concerning this matte	r to the following:	
	Lisa Quint	ero	
	Lisa Quint	Name of Person	
	Next Level	<b>~</b> 1	
	NEXT LEVEL	Pirm/Company	
	<b>)</b> (1)		
	12400 Planta	tion 120 ad	
	Fort Myers,	FL 33966 City/State and Zip Code	
	Lisa@ Next	levelchurch.com	
	E-mail address: (	to be used for future annual report notif	ication)
For further information co	ncerning this matter, please c	all:	
Lisa Quinher		at (239 ) 274 - Area Code Daytime	3755
Name of	Person	Årea Code Daytime	Telephone Number
			•
Enclosed is a check for the	following amount:	,	
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy

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

Mext Level (	Oaching, LLC Liability Company as it now appears on ou	ur vacchede )	
(Assume in the Littuen	Plorida Limited Liability Company)	r rations	
The Articles of Organization for this Limited Liab Florida document number <u>L 11000\30</u>	ility Company were filed on Now.	ber 17, 2011 and assigned	
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of the	ne limited liability company here:		
FLorida Leadership Res The new name must be distinguishable and end with the wor	ds "Limited Liability Company," the designat	ion "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable	le:		
(Principal office address MUST BE A STREET A	ADDRESS)	-1 59	
		APR APR	
Enter new mailing address, if applicable:		S 2 16-	
(Mailing address MAY BE A POST OFFICE BO	<u></u>	<u> </u>	
		3.4 O	
B. If amending the registered agent and/or registered agent and/or the new registered office			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
_	, Florida		
	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

MGR = Manager

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
<u> </u>			DAdd
		•	Remove
	-		
			□ Remove
			P3.4.13
***************************************			□ Add
			2015 APR 23 PH I2: 05 SECRETA Y OF STATE TALMAHA SEEE FLORING
			PH 12: 05  ■ Add
			C Remove
			☐ Remove

Page 3 of 3

Typed or printed name of signee

Sarah

Filing Fee: \$25.00

2815 APR 23 PM 12: 05