

L12000003923

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

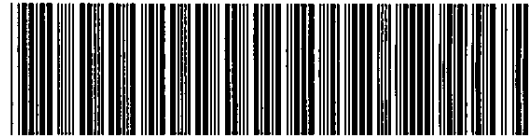
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CLERK OF THE STATE
TALLAHASSEE, FLORIDA

15 MAY 20 2014

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **Next Generation Web Services, 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:

Scot Wells

Name of Person

Next Generation Web Services, LLC

Firm/Company

1971 Brookshire Circle

Address

West Melbourne, FL 32904

City/State and Zip Code

wells.scot@gmail.com

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

For further information concerning this matter, please call:

Scot Wells

Name of Person

at **(321) 698.1354**

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

Next Generation Web Services, LLC

Page 1 of 3

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:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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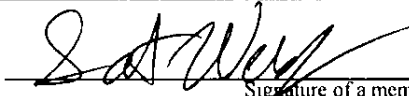
14 MAY 12 PM 1:15
JACKSONVILLE
FLORIDA

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: _____ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated May 7, 2014



Signature of a member or authorized representative of a member

Scot Wells

Typed or printed name of signee

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14 MAY 12 PM 4:15
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA