# 112000003923

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	- <del>4</del> 0
(CI	ty/State/Zip/Pflofie	s #)
PICK-UP	Mait	MAIL
(Bı	ısiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
μ.	Ĭ.	
•	Office Use On	L.



300260042313

05/12/14--01043--009 \*\*25.00



T Sweet MAY 12:0 2014

#### **COVER LETTER**

TO:

Registration Section
Division of Corporations

SUBJECTS

## 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

.321,698.

Name of Person

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

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Next Generation Web Service				
( <u>Name of the Limited Liabil</u> (A Florid	lity Company as it now appears on our records.) la Limited Liability Company)			
The Articles of Organization for this Limited Liability (Florida document number L1200003923	Company were filed on 01.03.2012	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, <u>enter the new name of the lin</u>	nited liability company here:			
NexGen Software, LLC				
The new name must be distinguishable and end with the words "L	imited Ltability Company," the designation "LLC" o	or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADD	RESS)			
		The Management		
		The same of the sa		
Enter new mailing address, if applicable:	**************************************	(A)		
(Mailing address MAY BE A POST OFFICE BOX)		THE PARTY		
		OFFICE OF THE STATE OF THE STAT		
		DA IS		
B. If amending the registered agent and/or regi registered agent and/or the new registered office add		nter the name of the new		
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street address			
<del></del>	, Floric	la Zıp 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

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

<u> Fitle</u>	<u>Name</u>	Address	Type of Action
			□ Add
			Remove
			Add
			<u>#□</u> Remoye
		·	SS Add PH SS Remove
			\$ 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
			Remove 5
			<del></del>
			□ Add
			Remove
			Remove
		<del></del>	
			□ Add
			□ Remove

D. If amending any othe	r information, enter change(s) here: (Attac	ch additional sheets, if necessary.)		
E. Effective date, if othe (The effective date must be the date this document is fi	r than the date of filing:  pecific, cannot be prior to date of receipt or filed date a led by the Florida Department of State)	(optional) und cannot be more than 90 days after		
Dated May 7	2014 ANJUN		<u>-</u>	
Scot V	Signature of a member or authorized rep	resentative of a member		
	Typed or printed name of	Signee Arcan	14 NAY 12 PM to 1	Transfer of the second

Page 3 of 3

Filing Fee: \$25.00