Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H12000123236 3)))



MAY :- 4 2012 L. SELLERS

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Division of Corporations

Fax Number : (850) 617-6383

From:

To:

Account Name

: LAZARUS CORPORATE FILING SERVICE

Account Number: I20000000019 Phone

: (305)552-5973

Fax Number

: (305)220-1440

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CORPORACION NEXT 2010 CA LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

H 1 2 0 0 0 1 2 3 2 3 6 ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CORDORACION	$N \in X J$	2010	CH L			
(Name of the Limited L	iability Company	as it now appears	on our records.)		_	
(Ar	lorida Limited Lia	bility Company)	f 1 -			
The Articles of Organization for this Limited Lial	bility Company w	vere filed on <u>5</u>	12/12	and	assigned	l
Florida document number 420000	4145 2		•			
· ·						
This amendment is submitted to amend the follow	ving;					
A. If amending name, enter the new name of t	he limited liabili	ty company here:				•
Corporación Next	2010	LLC				
The new name must be distinguishable and end with "L.L.C."	the words "Limited	d Liability Company	," the designation	"LLC" or	the abbrev	/iation
L.L.C.				Es:	℧	
Enter new principal offices address, if applical	ole:			<u> </u>	TC	-
(Principal office address MUST BE A STREET	ADDRESS)	_		Ŧ	7	<u> </u>
					<u>ا</u> د	-
				MO 3	- F7	t
Pr. 4				- F.		. E T
Enter new mailing address, if applicable:				`	<u> </u>	
(Mailing address MAY BE A POST OFFICE B	<u>0X)</u>			87 -	-	
			·	. D		
B. If amending the registered agent and/or registered agent and/or the new registered offi			r records, ente	r the nar	ne of the	e new
	male	POI	Prin	0.0		
Name of New Registered Agent:				74		-
New Registered Office Address:	5121	NN	r Florida street d	NO.	<u> </u>	<u> </u>
	0	Line)	1 10/ mai sir eei e	~~~	1106	_
	TYICIT		, Florida		IWY	_
		City		Zip (Code	
New Registered Agent's Signature, if changing Re	gistered 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 fonfirm that the limited liability company has been notified in writing of this change.

If Changing Begisherd Agent, Signature of New Registered Agent

Page 1 of 2

3/15/20	030 03:40				, ,	-	#6068 P.00	3/003
If amendor Mana	ding the Managers of the Manag	or Managing M added or remo	embers o	n our records our records:	, <u>enter the titl</u>	e, name, and a	ddress of each M	ana <u>e</u> r
	Manager = Managing Memb	er						
Title	Name			Address	·		Type of A	tion
	- 4:		:				Add	
•	•				· · · · · · · · · · · · · · · · · · ·		Remove	
	<u> </u>						Add	
;	,				,			
	 						Add Remove	
			; ;					
	<u> </u>						Add Remove	
			-				Add Remove	
,								
							Remove	
D. If an	nending any other t	oformation, ent	er change	(s) here: (Atta	ach additional .		^ <u>_</u> L	
	Mariole	Dine	rim	710(1)	<u> </u>	Primo	7_10	
	<u>connero</u>		<u>' </u>	101	····			
;	change	Rober	70	Di	Prim	g to	MGR	
;	N/A.	0		10				
Dated_	1 lug		<u>20</u>	<u>14</u> .	HL.			
		Signature of	a member	or authorized	presentative of	a member		

Typed or printed name of signee Page 2 of 2

Filing Fee: \$25.00