## L14000021516

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## **COVER LETTER**

TO: Registration Section Division of Corporations						
Next Level Homes						
SUBJECT:	Name of Limited Liability Company					
The enclosed Articles of A	Amendment and fee(s) are submitted for filing.					
Please return all correspon	ndence concerning this matter to the following:					
	Mica Neal					
	Name of Person					
	Next Level Homes					
	Firm/Company					
	552 Robin Hill Cir					
	Address					
	Brandon FI 33510					
	City/State and Zip Code					
	nextlevelhomes@yahoo.com					
For Symbol information as	E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:					
Mica Neal	813 <sub>,</sub> 525-2156					
Name of	Person Area Code Daytime Telephone Number					
Enclosed is a check for the	e following amount:					
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee,  Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)					

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Taliahassee, 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 Level Homes Limited Li			
(Name of the Limited Lin (A Fl	ability Company as it now appears on our records.) orida Limited Liability Company)		
The Articles of Organization for this Limited Liability Florida document number L14000021516		and assigne	d
This amendment is submitted to amend the following	g:		
A. If amending name, enter the new name of the	limited liability company here:		
The new name must be distinguishable and end with the words	"Limited Liability Company," the designation "LLC" or the a	bbreviation "L.L.C	. 39 14
Enter new principal offices address, if applicable			
(Principal office address MUST BE A STREET AI	DDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	<u> </u>		
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, <u>enter</u> address here:	the name of t	the new
Name of New Registered Agent:		<u> </u>	E 127
New Registered Office Address:	Enter Florida street address	<u> </u>	7:7
	. Florida		The season
_	City	Zip Code	i zaci
New Registered Agent's Signature, if changing Regis	stered Agent:	]> , æ,	
I hereby accept the appointment as registered ag	ent and agree to act in this capacity. I further ag	ree to comply v	vith the

If Changing Registered Agent, Signature of New Registered Agent

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 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>	Name	<u>Address</u>	Type of Action
mgr	Glen Turner	552 robin hill cir	
		Brandon fl 33510	■ Remove
mgr	Christoher harre	1908 atlanta ave	
		Lakeland FI 33803	□ Remove
mgr	Jason Paquette	11237 Tuten loop	
		Lithia FI 33547	□ Remove
			Remove
			DAdd
			Remove
			🗖 Add
			□ Remove

	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dacing was not enough above
Ch	nristopher Harrell
Ja	son Paquette
(The effective	date, if other than the date of filing:  e date must be specific, cannot be prior to date of receipt or files thate and cannot be more than 90 days after s document is filed by the Florida Department of State)  ,
	Signature of a member or authorized representative of a member  Mica Neal
	Typed or printed name of signee

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Filing Fee: \$25.00

SEUNCIANT DE PH 3: 46
TALLAHASSES, FLORIDA