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то:	Registration Se Division of Con				
SUBJEC	LIBERT	Y PREMIUM INSURAN	CE LLC.		
3000.	~!·	Name of Lin	ited Liability Company		
		Amendment and fee(s) are sub	_		
		MOHAMED DATOC)		
			Name of Person		-
		LIBERTY PREMIUN	I INSURANCE LLC		
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468 SAINT REMI WAY					
Address					
SANFORD, FLORIDA 32771					
			City/State and Zip Code		
		mohamed.datoo@gr E-mail address: (nail.com to be used for future annual report notif	ication)	36 5
For furth	ner information c	oncerning this matter, please c	all:		
МОНА	MED DATO	0	516 637-7734		
	Name o	f Person	at () Area Code Daytime	: Telephone Numbe	r
Enclosed	l is a check for tl	ne following amount:			
□ \$25.	00 Fiting Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ite of Status &
	MAIL	ING ADDRESS:	STREET/COURI	ER ADDRESS:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

LIBERTY PREMIUM INSURANCE LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Compar Florida document number <u>L14000138155</u> .	ny were filed on 09/04/2014	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
NEXT GEN TECHNOLOGY, LLC.		
The new name must be distinguishable and end with the words "Limited Li	iability Company." the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	SAME AS ON FILE	Tig G
(Principal office address MUST BE A STREET ADDRESS)		3 3 1
		The second second
Enter new mailing address, if applicable:	SAME AS ON FILE	が 8 円
		7
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he Name of New Registered Agent: SAME AS	ere:	, enter the name of the no
New Popietared Office Address: SAME AS	ON FILE	
New Registered Office Address: SAME AS	Enter Florida street address	<u>, </u>
	, Flo	orida
	City	Zip Code

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

IGR = M MBR = A	anager uthorized Member		
<u>itle</u>	<u>Name</u>	Address	Type of Action
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