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COVER LETTER

TO:		istration Se sion of Cor			
SUBJE	СТ	NexColo Ll	LC		
00000	· · ·	 · · · · · · · - · · · · · · · · · · 	Name of Lim	ited Liability Company	
			Amendment and fee(s) are sub	ū	
			Rosario Espinoza		
				Name of Person	······································
			NexColo LLC		
				Firm/Company	on E
			10777 WEST SAMPLE R	OAD	DEC LANA
				Address	0.15
			Coral Springs, Florida 330	65	2
				City/State and Zip Code	16 DEC 15 PH 4: 17
			respinoza@nexcolo.com E-mail address: (to be used for future annual report notific	
For furth	her in	formation co	oncerning this matter, please ca	all:	
Raj Selv	varaj			954 263 9292	
	•	Name of	f Person	at () Area Code Daytime	Telephone Number
Enclose	d is a	check for th	ne following amount:		
\$25	.00 F	iling 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)
		MAIL	ING ADDRESS:	STREET/COURIE	R 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

NEXCOLO LLC		
(<u>Name of the Limited Liabili</u> (A Florida	ity Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C	Company were filed on NEXCOLO LLC	and assigned
Florida document number L14000157916	<u>—</u> ·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
NEXTGEN IT SUPPORT LLC		
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	= 100
		O SM.
Enter new mailing address, if applicable:		5 8
(Mailing address MAY BE A POST OFFICE BOX)		72 mgc
		F. 63
B. If amending the registered agent and/or registered agent and/or the new registered office add		the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	Citv	Zip 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = MS $AMBR = AS$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			Remove
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ective date, if other than the date of filing: 12/19/16 effective date is listed, the date must be specific and cannot be prior to date of filing or e: If the date inserted in this block does not meet the applicable statutory file.	i more than 20 days after thing,) I distant to 005.02.
ument's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an effective he 90th day after the record is filed.	e time, at 12:01 a.m. on the earlier
ed 12/12/16 ,	
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00