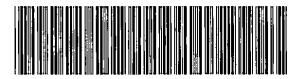
## L15000135502

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NVISION OF CONFORATIONS
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## **COVER LETTER**

Division of Corp	orations		
erin recep	NEXTERR	A CAPITAL, LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
		Eric A Jacobs, Esq.	
		Name of Person	
		NEXTERRA LAW	
		Firm/Company	····
	1691	Michigan Avenue, Suite 360	
		Address	<del></del>
		diami Beach, FL 33139	
		City/State and Zip Code	•
		jacobs@nexterralaw.com	<del>10 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -</del>
		to be used for future annual report not	incation)
For further information co	ncerning this matter, please co	all:	
Eric A Ja	cobs, Esq.	305	695-2699
Name of	Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for the	e following amount:		
■ \$25.00 Filing Fee	S30.00 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)

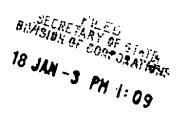
MAILING ADDRESS:

TO: \* Registration Section

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



NEXTER	RRA CAPITAL, LLC		
( <u>Name of the Limited Liability C</u> (A Florida Lii	Company as it now appears mited Liability Company)	on our records.)	
he Articles of Organization for this Limited Liability Com	npany were filed on	08/07/2015	and assigned
lorida document numberL15000135502			
nis amendment is submitted to amend the following:			
. If amending name, enter the new name of the limited	l liability company her	<u>·e</u> :	
	_		
ne new name must be distinguishable and contain the words "Limited	Liability Company," the de	signation "LLC" or the a	bbreviation "L.L.C."
nter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRES	<u> </u>		
nter new mailing address, if applicable:			
Aailing address MAY BE A POST OFFICE BOX)			
	***		
. If amending the registered agent and/or register egistered agent and/or the new registered office addres		our records, enter	the name of the
Name of New Registered Agent:	NEXT	ERRA LAW	
New Registered Office Address:	1691 Michiga	n Avenue, Suite 360	
	Enter Florid	da street address	
	Miami Beach	Florida	33139

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 officefalldress, I hereby confirm that the limited liability company has been notified in writing of this change.

City

Changing Registered Agent, Signature of New Registered Agent

Zip Code

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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	PARKER, JAY P	1691 Michigan Avenue	Add
		Suite 360	Remove
		Miami Beach, FL 33139	Change
			Add
			Reflove SEC
			Chapte 37
<del></del>			☐ Add ☐ Remove
			☐ Remove
			☐ Change
			□ Add
			☐ Remove
			Change
		□ Remove	
		Change	
			O ∧dd
			☐ Remove
			Change

D. If amo	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	ive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	December 27 2017
	Signature of a member or adhorized representative of a member
	Eric A. Jacobs

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00