216000038711

| (Re | equestor's Name) | |
|-------------------------|--------------------|-----------|
| (Ad | ldress) | |
| (Ad | ldress) | |
| (Cid | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| . (Bu | isiness Entity Nan | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |
| | | |





500287350615

06/29/16--01014--007 **30.00

FILED

SECRETARY OF STATE
SECRETARY OF STATE

COVER LETTER

| TO: | Registration Sec Division of Corp | | | | |
|------------|--------------------------------------|---|--|--|--|
| SUBJE | ECT: Nex | GEN AIN | ĹĽĊ | | |
| | | Name of Lim | ited Liability Company | | |
| The en | closed Articles of A | Amendment and fee(s) are sub | mitted for filing. | | |
| Please | return all correspor | ndence concerning this matter | to the following: | | |
| | | Stewart | Benavides Name of Person | | |
| | | Nex Gen | 9 in LLC Firm/Company | | 16 JI SECRI |
| | | 2418 Palm C. | | | JUN 29 MIN: 34 RETARY OF STATE ANIASSEE, FLORIDA ANIASSEE, FLORIDA |
| | | | | *** | W IV: 34 FLORIDA |
| | | Stavy 2000 a | City/State and Zip Code Compile Compi | report notification) | |
| For fur | ther information co | ncerning this matter, please co | | | |
| <u>S</u> + | CWART Ben Name of | Person | at (<u>407</u>) Area Code | 970 0884 Daytime Telephone ! | Number |
| Enclose | ed is a check for the | e following amount: | | | |
| | 5.00 Filing Fee | \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee of Certified Copy (additional copy is end | closed) Ce | 0.00 Filing Fee, ertificate of Status & ertified Copy dditional copy is enclosed) |
| Send | Registra | NG ADDRESS: tion Section to of Corporations x 6327 | Registrat | I/COURIER ADDRI tion Section of Corporations Building | ESS: |

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

Λſ

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Nex Gen Air LLC | | |
|--|--------------------|--|
| (Name of the Limited Liability Compa (A Florida Limited L | Liability Company) | ars on our records.) |
| The Articles of Organization for this Limited Liability Company | were filed on _ | 2/24/16 and assigned |
| Florida document number <u>∠16000038711</u> . | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liabi | ility company h | ere: |
| The new name must be distinguishable and contain the words "Limited Liabil | ity Company," the | designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| Principal office address MUST BE A STREET ADDRESS) | | SEC AL |
| | | <u> </u> |
| | | 129 |
| Enter new mailing address, if applicable: | | Fig. 7 |
| Mailing address MAY BE A POST OFFICE BOX) | | E.S. = |
| | | 30 34 34 S |
| 3. If amending the registered agent and/or registered of egistered agent and/or the new registered office address here | | n our records, enter the name of the |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | · · · · · · · · · · · · · · · · · · · |
| | Enter Flo | orida street address |
| | | , Florida |
| | City | 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 = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|----------------------|--|-------------------------------------|
| MGR | Stawart H. Benavides | 2418 Palm Creek Ave | Add |
| | | Orlando, FC 32822 | □ Remove |
| | | | Change |
| | | | D Add |
| | | | □ Remove |
| | | //1 | Change |
| | | | D Add |
| | | TALLA | Change |
| | | in in the second | [₹] □'Add |
| | | > | Change |
| | | | |
| | | | Remove |
| | | | Change |
| | | | D Add |
| | | | _ Remove |
| | | | Change |

| | ************************************** |
|---|--|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | 1 A T S |
| | <u> </u> |
| | 三三 |
| | 10 m |
| | |
| | EST = |
| | |
| | |
| | |
| | |
| | |
| ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to da | (optional) |
| te: If the date inserted in this block does not meet the applicable | statutory filing requirements, this date will not be listed as |
| | |
| | |
| | |
| ument's effective date on the Department of State's records. record specifies a delayed effective date, but not an | n effective time, at 12:01 a.m. on the earlier o |
| record specifies a delayed effective date, but not an he 90th day after the record is filed. | n effective time, at 12:01 a.m. on the earlier o |
| record specifies a delayed effective date, but not an he 90th day after the record is filed. | |
| record specifies a delayed effective date, but not an he 90th day after the record is filed. | |
| record specifies a delayed effective date, but not an he 90th day after the record is filed. | |
| record specifies a delayed effective date, but not an he 90th day after the record is filed. | |
| ument's effective date on the Department of State's records. record specifies a delayed effective date, but not an | d representative of a member |

Page 3 of 3

Filing Fee: \$25.00