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TALLAHASSEE, FLORIDA

D. BRUCE  
MAR 07 2017

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Next Level Detail LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Monica Johnson  
Name of Person

Next Level Detail LLC  
Firm/Company

415 Main St.  
Address

Destin, FL 32514  
City/State and Zip Code

nextleveldetailllc@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Monica Johnson at (850) 281-9756  
Name of Person Area Code Daytime Telephone Number

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Enclosed is a check for the following amount:

- ☐ \$25.00 Filing 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)

**MAILING ADDRESS:**  
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**

Next Level Detail 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 Company were filed on 04/19/2016 and assigned Florida document number 110000071830

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability 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)**

Next Level Detail LLC  
415 Main St.  
Destin, FL 32541

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

Next Level Detail LLC  
415 Main St.  
Destin, FL 32541

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**


Name of New Registered Agent:

New Registered Office Address:

Monica Johnson  
415 Main St.  
Enter Florida street address  
Destin, Florida 32541  
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

Title	Name	Address	Type of Action
MGR	Dominic Alexander Clark	612 Colonial Apt. 11	<input type="checkbox"/> Add
		Fort Walton Beach, FL 32547	<input checked="" type="checkbox"/> Remove
MGR	Michael Demarco Johnson	415 Main St. Destin, FL 32541	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Monica Stephanie Johnson	415 Main St. Destin, FL 32541	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated March 3, 2017.

Signature of a member or authorized representative of a member 3-3-17

Dominic Clark 3-3-17  
Typed or printed name of signee

Typed or printed name of signee