116000093665

(Re	questor's Name)	
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OCT 0 5 2016 S. YOUR TALLIAHASSEE, TIORIDA

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: NEXTGEN MARINE AIR SOUTONS 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:
CHRISTOPHER PAWSON Name of Person
NEXTCEN MARNE AIR SOLTIONS Firm/Company 5449 NE 571 ANE Address
5449 NE 5TH ANE Address PAY AND PROVE EL 33334
OAKLAND PARK FL 33334 & & & & & & & & & & & & & & & & &
CHRIS RANSON CON NEXT CENTARISE AC. CON E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
CHEISTOPHER PAWSON at (954) 789 3665 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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**

(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L160000913665</u> .	were filed on 10.3.2016 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liability Enter new principal offices address, if applicable:	ity Company," the designation "LLC" or the abbreviation LLC" S
(Principal office address MUST BE A STREET ADDRESS)	CAKLANO PARK FL F PROPERTY 33334 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2: 48
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent: OAVIO	J VAN VORST
New Registered Office Address: 5449	UE 5 Th AUE Enter Florida street address
OAKLA	City , Florida 33334
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.

ent, Signature of New Registered Agent

Page 1 of 3

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 DAVID J VAN YORST □ Remove ☐ Change _□ Add □ Remo □ Adio □ Remey ☐ Change □ Add ☐ Remove ☐ Change □ Add □ Remove Change □ Add

☐ Remove

☐ Change

. 11 411	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	2: 48 2: 48
	PR
	2: 48
Note	ctive date, if other than the date of filing:
) Th	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Date	a October 3rd, 2016.
	Signature of a member or authorized representative of a member
	CHRISTOPHER RAWSON Typed or printed name of signee

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Filing Fee: \$25.00