

L16000126078

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100291659651

10/28/16--01015--016 \*\*25.00

FILED  
16 NOV 14 PM 12:59  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

NOV 16 2016

Y SULKER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 31, 2016

EGLIANA GOMEZ  
1555 BONAVENTURE BLVD SUITE 1020  
WESTON, FL 33326 US

SUBJECT: NEXT PRO LLC  
Ref. Number: L16000126078

RECEIVED  
2016 NOV 14 PM 4:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for NEXT PRO LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker  
Regulatory Specialist II

Letter Number: 316A00023340

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: NEXT PRO 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:

Egliaana Gomez  
Name of Person

WD Business Consultants.  
Firm/Company

1555 Bonaventure Blvd Suite 1020  
Address

Weston, FL 33326  
City/State and Zip Code

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

For further information concerning this matter, please call:

Egliaana Gomez at ( 832 ) 366 5503  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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 PRO 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 07/01/2016 and assigned Florida document number L16000126078.

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)**

N/A

**Enter new mailing address, if applicable:**

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

N/A

**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:

N/A

New Registered Office Address:

Enter Florida 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>            | <u>Address</u>                                      | <u>Type of Action</u>                   |
|--------------|------------------------|---|---|
| <u>MGRM</u>  | <u>Richard Zanelly</u> | <u>8229 SW 107<sup>th</sup> Av. Miami, FL 33173</u> | <input checked="" type="checkbox"/> Add |
|              |                        |   | <input type="checkbox"/> Remove         |
|              |                        |   | <input type="checkbox"/> Change         |
| <u>MGR</u>   | <u>Ronald Zanelly</u>  | <u>8229 SW 107<sup>th</sup> Ave Miami, FL 33173</u> | <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         |
|              |                        |   | <input type="checkbox"/> Add            |
|              |                        |   | <input type="checkbox"/> Remove         |
|              |                        |   | <input type="checkbox"/> Change         |
|              |                        |   | <input type="checkbox"/> Add            |
|              |                        |   | <input type="checkbox"/> Remove         |
|              |                        |   | <input type="checkbox"/> Change         |

16 NOV 14 PM 00  
ALL AMASSE, FLORIDA

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

Handwritten: A large diagonal line is drawn across the entire section, from the bottom left to the top right.

FILED  
16 NOV 14 PM 3:00  
CLERK OF THE COURT  
TALLAHASSEE, FLORIDA

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

11/1/16

Signature of a member or authorized representative of a member

Jenny Chavez

Typed or printed name of signee