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(Requestor's Name)	
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PICK-UP WAIT	MAIL
(Business Entity Name)	<u> </u>
(Document Number)	
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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	What's N		ent, LLC
	Name of	Limited Liability Company	
The enclosed Articles of	Amendment and fee(s) are	submitted for filing.	
Please return all correspondence	ondence concerning this m	atter to the following:	1
	Shan	on Blumentela	<u> </u>
	l	Name of Person Name of Person Name of Person Firm/Company	Investment, LLC
	2000	N. CONGRESS	Ave #69
	West	Palm Reach, City/State and Zip Code	7L 33409
	Sharon E-mail addr	ess: (to be used for future annual report notif	fication
For further information c	oncerning this matter, plea	se call:	
Sharon	Blumente	$\frac{2}{2}$ at $\frac{56}{2}$ Area Code Daytime	- 24.39 e Telephone Number
Name o	f Person	Alea Code Payunk	receptione realises
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Stati	☐ \$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**

,	
WHAT'S	NEXT! INVESTMENT, LLC
(Name of the Limit	ed Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
1	(A Florida Limited Liability Company)
The Articles of Organization for this Limited Li	ability Company were filed on 1292016 and assisted
Florida document number 0 00	142740 3 b m
This amendment is submitted to amend the follo	wing:
A. If amending name, enter the new name of	ithe limited liability company here:
The new name must be distinguishable and contain the w	ords "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applications	able: 2000 N. Congress Ave #6
(Principal office address MUST BE A STREE	TADDRESS) West Palm Beach, +L 33407
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	2000 N. Congress Ave #69 West Palm Brach, 7L33407
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 of	
Blume	L /) + /
Name of New Registered Agent:	<u>Sharon</u>
New Registered Office Address:	2000 N. CONG ress Que # 69
	West Palm Deach Florida 33409
New Registered Agent's Signature, if changing R	tegistered 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.

ILChanging Registered Agent, Signature of New Registered Agent

	Authorized Person(s) authorized to from our records:	manage, enter the title, hame, and address or e	ach person being added
MGR = Ma $AMBR = Au$	anager uthorized Member		
Title MGR	Name BLUMENFELD SHARON,	Address 2000 N. Congress Ave West Palm Beach 7233	Type of Action H 69 Add Remove
NGR	May, Jason	1320 S. Killian Dr. Lake Park 7L 3340	Change Add Remove
			Change Add Remove
			☐ Kemove ☐ Change
			Thempse T
			Change D D Add
			Change
			Change

. If amending any other	er information, enter	r change(s) here: (Attach additional sheets, if necessary.)	
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Effective date, if other	er than the date of fili	iling:(optional)	05 0707 (7)/1
(If an effective date is listed Note: If the date insert	the date must be specific a	aid cannot be prior to date of filing or more than 90 days after filing.) Pursuant to only the applicable statutory filing requirements, this date will not be li	sted as the
the record specifies) The 90th day aft	a delayed effective er the record is file	date, but not an effective time, at 12:01 a.m. on the ear ed.	lier of:
Dated		<u> </u>	
	Signature of	of a member or authorized representative of a member	
		Typed or printed name of signee	
		Page 3 of 3	
		Filing Fee: \$25.00	