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D. SCOTT OCT 18 2016

COVER LETTER

TO: Registration Division of C	Section Corporations		
SUBJECT:	Next Cha	tel Liability Company	
		•	
The enclosed Articles	of Amendment and fee(s) are subm	mitted for filing.	
Please return all corre	spondence concerning this matter t	to the following:	
	Cathy	A. Johns	0 n
	Nex+	- Chater L Firm/Company	LC_
	6603 £	sobby Jones	C+ =
	falme	Addyess Addyess City/State and Zip Code	
		o be used for future annual report notifica	
For further informatio	n concerning this matter, please ca	dl:	
Cath	(A. Johnson	at (941) 224	9971
Nah	ne of Person	Area Code Daytime T	elephone Number
Enclosed is a check for	or 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)
		•	
	ILING ADDRESS: istration Section	STREET/COURIER Registration Section	R ADDRESS:
Div	ision of Corporations - Box 6327	Division of Corporati Clifton Building	ons
	ahassee, FL 32314	2661 Executive Cente	er Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Next cha	ipter LLC
(Name of the Limited Liability Compa (A Florida Limited I	inf as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on 8 31 0016 and assigned
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liab</u>	pility company here:
	SEC SALL
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
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:	
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 Title Name <u>Address</u> **Type of Action** MGR Konaldw Johnson 6603 Dobby Jones Ct Padd
Palmetto Fr DRem ☐ Remove ☐ Change □ Add □ Remove ☐ Change □ Add □ Remove <u>₹</u>8 **5** D Change ⊃∵□ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change

	
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Effective date, if other than the date of filing:	(optional)
Note: If the date inserted in this block does not meet the applicable statutory filing document's effective date on the Department of State's records.	g requirements, this date will not be listed as

Page 3 of 3

Filing Fee: \$25.00