116000213996

(Requestor's Name)
(Address)
(Address)
(decise,
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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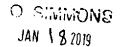
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COVER LETTER

то:	Registration Se Division of Cor					
end ii	Nextar US					
SUBJE	CT:		ited Liability Company			
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please i	eturn all correspo	ondence concerning this matter	to the following:			
	Bernard Kiesel					
						
			Firm/Company			
		555 Winderley Place, Suite 114				
		Address				
		Maitland, FL 32751				
		City/State and Zip Code BK@orlandocpa.net				
		E-mail address: (to be used for future annual report notification)				
For furt	ther information c	oncerning this matter, please co	all:			
Bernard Kiesel Name of Person		407 677-1040 at ()				
			e Telephone Number			
Enclose	ed is a check for the	he following amount:				
■ \$25	5,00 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)		
	MAIL	ING ADDRESS:	STREET/COURI	ER ADDRESS:		

TO:

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Nextar US LLC	
(Name of the Limited Liability Con (A Florida Limite	npany as it now appears on our records.) red Liability Company)
The Articles of Organization for this Limited Liability Compa Florida document number <u>L16000213996</u> .	any were filed on 11/22/2016 and assigned
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited li</u>	iability company here:
The new name must be distinguishable and contain the words "Limited Lie	iability 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)	2
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h	office address on our records, enter the name of the ne
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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
MCD	Bemard Kiesel	555 Winderley Place	
MGR			🗎 Add
		Suite 114	
			□ Remove
		Maitland, FL 32751	
			□ Change
			□ Add
			;_□ Remove
			Change
		-	
		-	
			Remove
		-	☐ Change
			
			□ Remove
			5 01
			☐ Change
			Add
			□ Remove
			Change
			□ Remove
			Change

mending any other in	nformation, enter change(s) here: (Attach additional sheets, if necessary.)	
		
.		
		
ote: If the date inserted i	than the date of filling:	rsuant to 605.0 not be listed
record specifies a c The 90th day after t	delayed effective date, but not an effective time, at 12:01 a.m. on the record is filed.	the earlier
ted 8	2019	
Х	Signature of a member of authorized representative of a member	
	MAURO ERCOLINI	

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Filing Fee: \$25.00