L17000035442

(Re	questor's Name)	
(· · ·	,	
	dress)	
(Au	diess)	
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(Cit	y/State/Zip/Phon	e #)
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PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
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Certified Copies	Certificate	e of Status
Certified Copies		
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Special Instructions to	Filing Officer:	
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COVER LETTER

Division of C			
eub iezw.	NEXT DESIG	N & BUILD LLC	
SUBJECT:		nited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	D	ARREN BRINKLEY	
		Name of Person	
	N	NEXT DESIGN + BUILD LLC Firm/Company	
	121 33rd	Address	
		Address	
	STF	City/State and Zip Code	2
			27 - 12
		EXT - DB. COM (to be used for future annual report notification	
F C			7.79
For further information	concerning this matter, please o	an.) M1 R: 28
DARRI	en Brinklet	at (727) 220 7900	
Namo	e of Person	Area Code Daytime Telep	hone Number
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee &		S60.00 Filing Fee,
ALREADY PAID	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
SEE LETTER NUMBE	ar:520 A 66024458		(additional copy is enclosed)
Mailing Addr	ress:	Street Address:	
Registration Section Division of Corporations		Registration Section	
		Division of Corporat The Centre of Tallah	
Tallahassee		2415 N. Monroe Stre	
. ananasse, . is sas . i		Tallahassee, FL 3230	



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FLORIDA DEPARTMENT OF STATE Division of Corporations

December 7, 2020

DARREN BRINKLEY NEXT DESIGN & BUILD LLC 131 33RD AVE N ST PETERSBURG, FL 33704

SUBJECT: NEXT DESIGN & BUILD LLC

Ref. Number: L17000035442

We have received your document for NEXT DESIGN & BUILD LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Limited Partnership, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

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) 245-6050.

Diane Cushing Senior Section Administrator

Letter Number: 520A00024458

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NEXT DESIGN &			
(<u>Name of the Limited Liability Cor</u> (A Florida Limit	mpany as it now appear	s on our records.)	
(A Florida Ellin	ed Blabinty Company)		2
The Articles of Organization for this Limited Liability Compa	any were filed on	2 14 2017	and assigned
Florida document numberL17000035442		•	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited 1	iability company he	<u>re</u> :	
The new name must be distinguishable and contain the words "Limited L	iability Company," the de	esignation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>		<u> </u>
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ce address on our re	ecords, <u>enter the nam</u>	e of the new registered
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flor	ida street address	
<u></u>		, 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 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	RYAN TEMPRO	2025 POINT OVERLOOK DR NE	A dd
		ST PETERSBURG, FL 33703	□Remove
			□Change
-			□Add
			□Remove
			Change
·		<u> </u>	□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Remove
			□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
F. Effective date if other than the date of filing: $10/15/20$ (ontional)
E. Effective date, if other than the date of filing: 10/15/20 (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 12/15/2020
Signature of a-member or authorized representative of a member
DARREN BRINKIRY.
Typed or printed name of signee