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2018 NOV 19 AM II: 17

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COVER LETTER

TO:	Registration Se Division of Cor		·		
enni		nsulting LLC			
SUBJI	ECT:	Name of Lim	ited Liability Company		
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please	return all correspo	ndence concerning this matter	to the following:		
		Carlos Vilchez			
			Name of Person		
		CSIXE Consulting LLC /	NXT LVL Advisors LLC		
Firm/Company					
			Address		
		Palmetto Bay, FL 33157			
		City/State and Zip Code			
		cvilchez@nxtlvladvisors.com			
		E-mail address: (to be used for future annual report notif	ication)	
For fur	ther information c	oncerning this matter, please ca	ull:		
Carlos	Vilchez		305 798-2289		
	Name o	f Person	Area Code Daytime	Telephone Number	
Enclos	ed is a check for th	e following amount:			
■ \$2:	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)	

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**

FILED

2018 NOV 19 AM 11: 18

CSIXE Consulting LLC

(Name of the Limited Liability Company as it now appears on our records, Fig. 17 Ur STATE (A Florida Limited Liability Company)

TALL AHASSE, FL

The Articles of Organization for this Limited Liability Company Florida document number $\frac{L18000047487}{L18000047487}$.	were filed on <u>02/22/2018</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
NXT LVL Advisors LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC	C" or the abbreviation "L.L C."
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)		
maning datess MAT BE A 1031 OF FICE BOA		·
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		s, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	55
	. Fl	orida
	Cıţv	oridaZip Code
New Registered Agent's Signature, if changing Registered Agent:		

7

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 = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			Add
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			□ Change
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Note:	ive date, if other than the date of filing:
he rec The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier on the garlier of 90th day after the record is filed.
Dated	November 8 2018
	CX-
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00