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K. SALY JUL 20 2018

COVER LETTER

	egistration Se ivision of Cor		•	
SUBJECT		ME GLOBAL.LLC		
SOMECI	•	Name of Limit	ed Liability Company	, <u> </u>
The enclos	ed Articles of	Amendment and fee(s) are subm	nitted for filing.	
Please retu	rn all correspo	ondence concerning this matter to	o the following:	
		JONAH HEINL		
			Name of Person	
NEXT HOME GLOBAL, LLC				
Firm/Company				
16115 E HIALEAH DR				
			Address	
		LOXAHATCHEE, FL 334	170-372	
			City/State and Zip Code	
		JHEINL@76GMAIL.COM		
		E-mail address: (to	be used for future annual report notifi-	cation)
For further	information c	oncerning this matter, please cal	li:	
JONAH F	IEINL		561 512-8517 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is	s a check for th	ne 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

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

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NEXT HOME GLOBAL.LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Compa	any were filed on JUNE 21, 2018	and assigned
Florida document number L18000153140		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	iability company here:	
NEXT HOME MEDIA, LLC		
The new name must be distinguishable and contain the words "Limited L	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	<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 registered agent and/or the new registered office address l		r the name of the ne
registered agent and/or the new registered office address i	<u>ner e</u> .	
Name of New Registered Agent:		
wante of New Negistered Agent.		
New Registered Office Address:		<u> </u>
	Enter Florida street address	
	Florida _	
	City	Zip Code
New Pagistarad Agent's Signature if shanging Pagistared Age		

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 = N $AMBR = A$	lanager .uthorized Member		FILED	
Title	<u>Name</u>	Address	FILED 18 JULIO MILLI STATE	S Type of Action
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Effective date, if other than the date in effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Department.	e specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 to does not meet the applicable statutory filing requirements, this date will not be listed as
ne record specifies a delayed e The 90th day after the record	ffective date, but not an effective time, at 12:01 a.m. on the earlier o d is filed.
Dated	
gonh Hein	gnature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00