## L18000159082

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## **COVER LETTER**

TO: Registration S Division of Co		•	
SUBJECT: NEX	- h3V3h: AU Name of Limit	HO Group LL Led Liability Company	<u>C</u>
The enclosed Articles of	Amendment and fee(s) are subm	nitted for filing.	
Please return all correspondent	ondence concerning this matter t	o the following:	
	micha	el Banhs Name of Person	
	Next L3v31	- AUL CYOUP	114
	4604 4	7th Street N S	vite 1081
	St. Deters bu	City/State and Zip Code	13709
	E-mail address: (to	o be used for further annual report hour	60, Com
For further information	concerning this matter, please ca		
michael &	OGNYS of Person	at (7 <b>3</b> 7), 254-	7663 S
Enclosed is a check for t	he following amount:		_
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)

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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee. FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

_ Next L3v3	L HUTO Group	LLC
(Name of the Limited)	Liability Company as it now appears on ou Florida Limited Liability Company)	r records.)
The Articles of Organization for this Limited Liab Florida document number <u>L18000159082</u>	_	2. 29, 3015 and assigned
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of the THE ALATSULL Or The new name must be distinguishable and contain the word	ganization LLC	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	le:	
(Principal office address MUST BE A STREET A	ADDRESS)	
	4.40.7	
Enter new mailing address, if applicable:		·
Mailing address MAY BE A POST OFFICE BO	<u></u>	- :
B. If amending the registered agent and/or reging agent and/or the new registered office address had been addressed office addressed of the ad		, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stre	et 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.

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- <del></del>	
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effective date, if other than the date of filing:  effective date is listed, the date must be specific and cannot be prior to date of filing or more than  e: If the date inserted in this block does not meet the applicable statutory filing requi  ument's effective date on the Department of State's records.	190 days after filing.) Pursuant to 605.02
cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the filed.	earlier of: (b) The 90th day after th
ed May 6, 2024 8:00 am	
	-

Filing Fee: \$25.00