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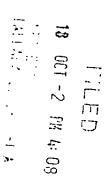
(Requestor's Name)
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(Document Number)
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COVER LETTER

TO: Registration Se Division of Cor			
NEXT LAY	W LLC		
SOBJECT:	Name of Lim	ted Liability Company	
The enclosed Articles of	Amendment and feets) are sub-	nitted for filing.	
Please return all correspo	ondence concerning this matter t	to the following	
	PIETER WEYTS		
		Name of Person	
	NEXT LAW LLC		
		Fum Company	_
	1521 ALTON ROAD, 409		
		Address	
	MIAMI BEACH, FL 3313	9	
	jsgatorsta gmail.com	City State and Zip Code	
	F-mail address ()	to be used for future annual report notif	icution)
For further information	concerning this matter, please ex	all:	
Jason Stark		954 593-4807 at ()	
Name	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclused)	☐ \$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
Clution Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NEXT LAW LLC (Same of the Limited Liability Company as it (A Florida I moved I ability	now appears on our records.)
The Articles of Organization for this Limited Liability Company were Florida document number $\frac{148000204096}{1}$.	filed on 08/27/2018 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability c	ompany here:
NEXT LEGAL LLC	<u> </u>
NEXT LEGAL LLC The new name must be distinguishable and contain the words "Limited Liability Cor	npany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	,.3
(Principal office address MUST BE A STREET ADDRESS)	
THE GIRL WILLIAM STATES	
	. 0
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
mining dadress size in the second of the transfer	
- -	
B. If amending the registered agent and/or registered office :	address on our records, enter the name of t
registered agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street 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

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:

<u>Fitte</u>	<u>Name</u>	<u>Address</u>	Type of Action
			🗆 Add
			□ Remove
			Change
			_ □ Add
		· 	
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fective date, if other than the dat	e of filing:				(optional)		
an agree of the date in the test, the date must be a	meditic and cannot	be prior to dat	e of filing or n	ore than 90 day	s after filing.)	Pursuant	io 605.0. lietad
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Jason Stark	`						
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1 VD	M ine of a member	. of aumorized	representative				

Page 3 of 3

Filing Fee: \$25.00