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10/1/21

NAME: NEXT LEGAL LLC

TYPE OF FILING: AMENDMENT

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25.00

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AUTHORIZATION: ABBIE/PAUL HODGE

attage

COVER LETTER

TO: Registration Division of C			
Next Leg			
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	spondence concerning this matter	to the following:	
	Jason Stark, Esq.		
		Name of Person	
	Next Legal LLC		
		Firm/Company	
	1395 Brickell Ave., Suite	950	
		Address	
	Miami, Florida 33131		
		City/State and Zip Code	
	ana@nextlegal.us	to be used for future annual report not	ification
For further information	n concerning this matter, please c	·	
Stephen Zagami		508 310-1001	
Nam	e of Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for	r the 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 Add		Street Address:	
Registration Division of	Corporations	Registration Se Division of Co	
P.O. Box 6		The Centre of	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Next Legal LLC		
(<u>Name of the Limited Liability C</u> (A Florida Li	Company as it now appears on our recor mited Liability Company)	<u>ds.</u>)
the Articles of Organization for this Limited Liability Com	npany were filed on 8/27/2018	and assigne
lorida document number L18000204096		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited	d liability company here:	
Next Legal PLLC		
he new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLG	
nter new principal offices address, if applicable:		921 0 SEC.
Principal office address MUST BE A STREET ADDRES	<u> </u>	
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		-1.1 cn
ranng dadress MAT DE ATOST OFFICE BOX		
. If amending the registered agent and/or registered of	ffice address on our records, enter	the name of the new re
gent and/or the new registered office address here:	ince address on our records, enter	the name of the new re
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	ss
	r:	orida
-	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:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	Name	Address	Type of Action
			□Remove
			□Change
			Remove SECOND Change TALK Add to
			Add on Carlotte Carlo
			Change
			
			□Remove
			Remove
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ective date, if othe reffective date is listed te: If the date inserte cument's effective da	, the date must be speci ed in this block does	ific and cannot be pri- s not meet the appl	icable statutory fili	more than 90 days af			
cord specifies a dela s filed.	yed effective date, b	ut not an effective	time, at 12:01 a.m	on the earlier of:	(b) The	90th day	atter tl
	30						
ed September							
ed <u>September</u>	- Son						

Filing Fee: \$25.00