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(Re	equestor's Name)	
(Ad	ddress)	
(Ac	idress)	
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(De	ocument Number)	
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COVER LETTER

SUBJECT: Next level Diesel Service LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for tiling.
Please return all correspondence concerning this matter to the following:
Robert Broxun II
Next Level Diesel Service LLC Firm/Company
54156 Bayland Drive
Callahan FL 32011 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Robert Brown II a 904, 424-8114
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25,00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

TO:

Registration Section Division of Corporations

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

(Name of the Limited Liability (A Florida	esc Serv ty Company as it now appe	ary on our records.)
The Articles of Organization for this Limited Liability C Florida document number 1900281179		April 14,2020 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	i <u>ted liability company l</u>	nere:
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the	designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	<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 agent and/or the new registered office address here:	l office address on our	records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	<u> </u>	
New Registered Office Address:		
	Enter Flo	orida street address
	79.	, Florida Zip Code
	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
MGR	Cole Rowell	44738 Pinebreeze Cir	
		Callahan, FL 32011	& Remove
			🗆 Change
			□Add
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(If an ef Note:	ive date, if other than the date of filing: 14,2020 (optional) fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (1) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the them, is effective date on the Department of State's records.
the recordis fi	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the led.
Dated	April 14 . 2020.
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00