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Special Instructions to	Filing Officer:	
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2020 NOV -3 AMII: 41



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TO: Registration Sec Division of Corp	
	L SERVICES LLC
SUBJECT:	Name of Limited Liability Company
The enclosed Articles of A	Amendment and fee(s) are submitted for filing.
Please return all correspon	ndence concerning this matter to the following:
	Cody German
	Name of Person
	Firm/Company 9150 S Dadeland Blvd, suite 1400
	Address Miami, FL, 33156
	City/State and Zip Code ej.hernandez@me.com
	E-mail address: (to be used for future annual report notification)
For further information co	ncerning this matter, please call:
Cody German	305 350 5300
Name of	Person at () 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 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 Address:

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

TO ARTICLES OF ORGANIZATION OF

NXTLVL SERVICES LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comparing L2000006326	any were filed on 12/30/2019 and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	liability company here:	
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:	9150 S Dadeland Blvd, suite 1400 B	
(Principal office address MUST BE A STREET ADDRESS	Miliana Classida Oculeo / emi	
	——————————————————————————————————————	
Enter new mailing address, if applicable:	9150 S Dadeland Blvd, suite 1400	
(Mailing address MAY BE A POST OFFICE BOX)	Miami, Florida 33156	
B. If amending the registered agent and/or registered officagent and/or the new registered office address here:	ce address on our records, <u>enter the name of the new register</u>	
Name of New Registered Agent: CODY GER	CODY GERMAN	
New Registered Office Address: 9150 S Dade	eland Blvd, suite 1400	
	Enter Florida street address	

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.

City

Miami

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	MICHAEL J WALDING JR	55 SW 9TH ST	
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		MIAMI, FL 33130	≣Remove
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ective date, if other than the effective date is listed, the date must ee: If the date inserted in this blument's effective date on the De	t be specific and cannot be prior to do ock does not meet the applicable	ate of filing or more than 90 o	(optional) days after filing.) Pursuant to 60 ents. this date will not be lis)5.020 sted a
cord specifies a delayed effective s filed.	e date, but not an effective time,	at 12:01 a.m. on the earli	ier of: (b) The 90th day aft	er the
October 8	2020			
1 4	/ / /			
Menh	Signature of a member or authorized	d representative of a member	<u></u>	