L20000098021

(Reque	estor's Name)	
(Addre	ss)	
(Addre	<u></u>	
(Addre	55)	
(City/S	tate/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Busine	ess Entity Nar	пе)
,	•	,
(Deaux	nent Number)	
(Docus	nent Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Filia	na Officer	
	ng omoci,	
		:

Office Use Only



400344023924

05/04/20--01027--007 **25.0

S TALLENT MAY 1 9 2020

2020 HAY -4 PH 4: 47

May

COVER LETTER

TO:

TO:	Registration Se Division of Cor			
SUBJE	CT.	Next Level Talents I	LLC	
SUNJE	.c.r.	Name of Lim	ited Liability Company	
The enc	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please 1	eturn all correspo	ondence concerning this matter	to the following:	
			Sonia Becerra	
			Name of reason	
			Swyft Filings, LLC	
			Firm/Company	
		3 (Greenway Plaza #1320	
		1-7	Address	• • • •
			Houston, Texas 77046	
		·-	City/State and Zip Code	
			filings@swyftfilings.com	
		E-mail address: (to be used for future annual report no	tification)
For furt	her information e	oncerning this matter, please co	a[]·	
	Sonia B	ecerra	at (877) 777-0	450
	Name o	f Person		ne Telephone Number
Enclose	ed is a check for th	ne 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)
	Registr Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assec. FL 32314	STREET/COUR Registration Secti Division of Corps Clifton Building 2661 Executive C	prations

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

Next Level Talents LLC

(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears bility Company)	on our records.)	_ :
The Articles of Organization for this Limited Liability Company w Florida document number L2000098021	ere filed on	04/07/2020	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabili	ty company her	<u>e</u> :	
The new name must be distinguishable and contain the words "Limited Liability	Company," the des	signation "LLC" or the abbi	reviation "L.L.C."
Enter new principal offices address, if applicable:	1317 E	dgewater Drive #970	707
(Principal office address MUST BE A STREET ADDRESS)	Orlar	ndo, FL. 32804	YAY O
Enter new mailing address, if applicable:	1317 E	dgewater Drive #970	-l ₄ PH ₄
Mailing address MAY BE A POST OFFICE BOX)	Orlar	ido, FL. 32804	<u> </u>
B. If amending the registered agent and/or registered office address here:	ce address on	our records, <u>enter tl</u>	he name of (
Name of New Registered Agent:			
Name of New Registered Agent:			· · · · · · · · · · · · · · · · · · ·
Name of New Registered Agent: New Registered Office Address:	Enter Florid	la street address	
	Enter Floria	la street address , Florida	Zip Code

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with 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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	LEE WASHINGTON	1317 Edgewater Drive #970	
		Orlando, FL. 32804	Remove
			■ Change
		□ Remove	
			Change
			Add
			☐ Remove
			☐ Change
		□ Add	
			☐ Remove
		☐ Change	
	•	Add	
		□ Remove	
		Change	
		Add	
			□ Remove
			Change

_	
-	
_	· · · · · · · · · · · · · · · · · · ·
_	
_	
-	
-	
	· · · · · · · · · · · · · · · · · · ·
_	
-	
_	
-	
-	
_	
ian eff Note:	ve date, if other than the date of filing:
The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated	2020 X C_ U_S Signature of a member or authorized representative of a member
	\times \sim
	Signature of a member or authorized representative of a member
	Lee Washington
	Typed or printed name of signee

17. If afficienting any other information, effect change(s) here: (Attach adamonal sheets, if necessary.)

Page 3 of 3

Filing Fee: \$25.00