

K20 000164801

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

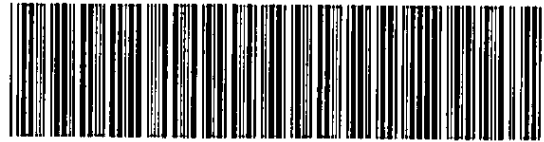
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Otis Lawn Cutting Service, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Clifton Otis

Name of Person

Firm/Company

1482 Ballyhoo Dr

Address

Gulf Breeze, FL 32563

City/State and Zip Code

otis_clifton@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Clifton Otis

Name of Person

at (786) 8974521

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Otis Lawn Cutting Service, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 6/14/2020 and assigned Florida document number L20000164801.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Next Gen Wealth Enterprises, LLC

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)

1333 College Pkwy

#1051

Gulf Breeze, FL 32563

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1333 College Pkwy

#1051

Gulf Breeze, FL 32563

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

1333 College Pkwy #1051

Enter Florida street address

Gulf Breeze

City

, Florida 32563

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> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|----------------------|------------------------------|--|
| <u>AMBR</u> | <u>Bryerica Otis</u> | <u>1482 Ballyhoo Dr</u> | <input checked="" type="checkbox"/> Add |
| | | <u>Gulf Breeze, FL 32563</u> | <input type="checkbox"/> Remove |
| | | <u></u> | <input type="checkbox"/> Change |
| <u>MGR</u> | <u>Clifton Otis</u> | <u>1482 Ballyhoo Dr</u> | <input type="checkbox"/> Add |
| | | <u>Gulf Breeze, FL 32563</u> | <input type="checkbox"/> Remove |
| | | <u></u> | <input checked="" type="checkbox"/> Change |
| <u></u> | <u></u> | <u></u> | <input type="checkbox"/> Add |
| | | <u></u> | <input type="checkbox"/> Remove |
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| | | <u></u> | <input type="checkbox"/> Remove |
| | | <u></u> | <input type="checkbox"/> Change |

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

This business will no longer be involved in landscaping.
It will now be a consulting business for new
start up businesses.

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated July 6, 2021.

Clifton Otis
Signature of a member or authorized representative of a member

Clifton Otis

Typed or printed name of signer