L20000 177911

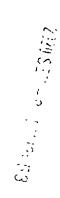
(Requestor's Name)	
(Address)	
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PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Stat	us
Special Instructions to Filing Officer:	_

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06/08/20--01015--004 **25.00



COVER LETTER

TO: Registration Division of O	Section Corporations		
NEXT L	EVEL SURVEYING LLC		
300ar.C1.	Name of 1	Limited Liability Company	•
The enclosed Articles	of Amendment and fee(s) are s	submitted for filing	
	pondence concerning this mat		
	-		
	COURTNEY MALLOF	RE	
		Name of Person	
	NEXT LEVEL SURVE	YING	
		Firm/Company	
	2121 CORPORATE SQU	UARE BLVD, STE 130	
		Address	
	JACKSONVILLE FL 32	216	
	NE VOLUMENTO	City/State and Zip Code	
	NEXTLEVELSURVEYIN	IG@GMAIL.COM	
For further information c	concerning this matter, please	(to be used for future annual report no	Diffication)
COURTNEY MALLOR			
	f Person	904 615-6767 at ()	
	T Craon	Area Code Daytii	me Telephone Number
Inclosed is a check for th	ne following amount:		
≅ \$25,00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy tadditional copy is enclosed)
Mailing Address Registration S Division of Co P.O. Box 6327 Tallahassee, F.	ection Orporations	Street Address: Registration Section of Cordinate Centre of The Centre of Tallahassee, FL	porations fallahassee c Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(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 08/25/20 and assigned Florida document number L20000177911 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 'he 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) nter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) . If amending the registered agent and/or registered office address on our records, enter the name of the new registered gent and/or the new registered office address here: KARL KUHN Name of New Registered Agent: 1382 NE 178TH ST New Registered Office Address: Enter Florida street address NORTH MIAMI BEACH

ew Registered Agent's Signature, if changing Registered Agent:

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and cept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability impany 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>	Type of Action
			🗆 Add
			□Remove
			□Change
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i effective date is listed te: If the date inser	er than the date of the date of the date must be specificed in this block does ate on the Department	ic and cannot be p	DUCADIC STATUTORY	anness that ON J	tional) ter filing.) Pursuant to 605 his date will not be liste	i,02(ed a
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Filing Fee: \$25.00