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COVER LETTER

TO: Registration Section Division of Corporation	rations d			
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SUBJECT: NEX	1 UEN JAN Name of Lim	ited Liability Company	.)e120166 L	
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The enclosed Articles of An	nendment and fee(s) are sub-	mitted for filing.		
Please return all corresponde	ence concerning this matter	to the following:		
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		Name of Person		
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		Firm/Company		2020 JUL 15 AH 7: 48 SEURETAN OF STATE TALLAHASSEE, FL
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	E-mail address: (1	to be used for future annu	ial report notification)	
For further information cone	erning this matter, please ca	all:		
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Name of Pe		at (<u>1 2 7</u>) _ Area Code	Daytime Telephone	Number
Enclosed is a check for the f	Allowing amount			
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		(additional copy is c		ertified Copy Iditional copy is enclosed)
Mailing Address:		Street	Address:	
Registration Sec		-	tration Section	
Division of Corp P.O. Box 6327	porations		ion of Corporations Centre of Tallahassec	•
Tallahassee, FL	32314		N. Monroe Street, S	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(

	1170121AC DEEU		
(<u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears on rida Limited Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Florida document number <u>L2000182</u>		129/2020	_ and assigned
This amendment is submitted to amend the following	;		
A. If amending name, enter the new name of the l	imited liability company here:	NEXTGEN	1 to LL
The new name must be distinguishable and contain the words "I	Limited Liability Company," the design	nation "LLC" or the abbre	20
Enter new principal offices address, if applicable:			<u> </u>
(Principal office address MUST BE A STREET AD	DRESS)	AR	-5
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		(A)	3 5
B. If amending the registered agent and/or registe agent and/or the new registered office address her	ered office address on our recor	ds, enter the name (of the new registered
	·		
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida s	areet address	
	<u> </u>	Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Registo	ered 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>	Address	Type of Action
			□Add
			□Remove
			□Change
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