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| (Red | questor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificates | s of Status |
| Special Instructions to F | Filing Officer: | |
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Office Use Only



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COVER LETTER

TO: Registration Section

Division of Corporations

Tallahassee, FL 32314

| EPlatforms SUBJECT: | LLC | | • |
|---------------------------------|--|---|---|
| SUBJECT: | Name of Lin | nited Liability Company | |
| - | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | omitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | Amber Starnes | | |
| | | Name of Person | |
| | Nexgen Enterprises LLC | | |
| | | Firm/Company | |
| | 1547 Prosperity Farms Ro | ad | |
| | | Address | |
| | Lake Park, FL 33403 | | |
| | | City/State and Zip Code | |
| | accounting@nexgenlogix.c | | |
| | | (to be used for future annual rep | ort notification) |
| For further information c | concerning this matter, please c | all: | |
| Amber Starnes | | 561 508-6 at () | 272 |
| Name o | of Person | | Daytime Telephone Number |
| Enclosed is a check for the | he following amount: | | |
| □ \$25.00 Filing Fee | ■ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose | S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Addres | | Street Addi | |
| Registration S Division of C | | | on Section of Corporations |
| P.O. Box 632 | • | | e of Tallahassee |

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| EPlatforms LLC | | | | |
|--|--|--|---------------------------------|----------|
| (Name of the Lim | ited Liability Compa (A Florida Limited | iny as it now appears on our Liability Company) | records.) | |
| he Articles of Organization for this Limited | Liability Company | were filed on 07/22/2020 | and assig | ned |
| lorida document number 1.20000214287 | <u>'</u> | | | |
| This amendment is submitted to amend the following | lowing: | | | |
| A. If amending name, enter the new name | of the limited liab | ility company here: | | |
| NexGen CC Processing, LLC | | | | |
| he new name must be distinguishable and contain the | words "Limited Liabi | lity Company," the designation | "LLC" or the abbreviation "L.L. | C." |
| inter new principal offices address, if appli | cable: | Ryan Tyszkow | | |
| Principal office address MUST BE A STRE | | 1547 Prosperity Farms R | oad | |
| | | Lake Park, Fl 33403 | 023 F£0 T∆ | |
| Enter new mailing address, if applicable: | | 1547 Prosperity Farms R | .oad JAN -3 | |
| Mailing address MAY BE A <u>POST</u> OFFICI | •• | | S ? E | П |
| 3. If amending the registered agent and/or gent and/or the new registered office addr | | address on our records, | enter the name of the new | <u> </u> |
| Name of New Registered Agent: | Ryan Tyszkow | | | |
| New Registered Office Address: | 1547 Prosperity | y Farms Road | | |
| | | Enter Florida street | address | |
| | Lake Park | | , Florida ³³⁴⁰³ | |
| | | City | 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.

f Changing Registered Agent. Signature of New Registered Agen

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| Title | <u>Name</u> | Address | Type of Action |
|-------------|-------------|---------|-----------------------------------|
| - | | | □Add |
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| ffective date, if other than the d | late of filing: | (oj | otional) |
| an effective date is listed, the date must lote: If the date inserted in this block | | | |
| ocument's effective date on the Dep | partment of State's records. | | |
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| record specifies a delayed effective listilled. | date, but not an effective time. | , at 12:01 a.m. on the earlier of: | (b) The 90th day after the |
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| ated | 2022 | | |
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Typed or printed name of signee