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Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

TO:	Registration Se Division of Cor		•			
SUBJE	NEXT LE	VEL HOME BUILDERS. LLC				
SUBJE	CI:	Name of Lim	ited Liability Company			
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please re	eturn all correspo	ondence concerning this matter	to the following:			
		MITCHELL STOVRING				
			Name of Person			
		Name of Person SOUTHWEST PROFESSIONAL SERVICES OF SO FL INC Firm/Company 17595 S TAMIAMI TR STE 221 Address FORT MYERS FL 33908 City/State and Zip Code				
			OME BUILDERS. LLC. Name of Limited Liability Company diment and fee(s) are submitted for filing. e concerning this matter to the following: ITCHELL STOVRING Name of Person OUTHWEST PROFESSIONAL SERVICES OF SO FL INC Firm/Company 595 S TAMIAMI TR STE 221 Address ORT MYERS FL 33908 City/State and Zip Code PMITCH@GMAIL.COM E-mail address: (to be used for future annual report notification) sing this matter, please call: at (239			
		17595 S TAMIAMI TR ST	TE 221			
			Address			
		FORT MYERS FL 33908				
		SWPMITCH@GMAIL.CO	•			
		E-mail address: (to be used for future annual report not	ification)		
For furth	her information o	concerning this matter, please e	all:			
мітсн	ELL STOVRIN	G				
	Name o	of Person	Area Code Daytin	ne Telephone Number		
Enclosed	d is a check for t	he following amount:				
■ \$25	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy		
	Mailing Addre Registration	Section	Street Address: Registration Se			
	Division of C P.O. Box 632	-	Division of Co The Centre of			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NEXT LEVEL HOME BUILDERS, LLC.

(10 miles classify compa	pears on our records.) ny)
The Articles of Organization for this Limited Liability Company were filed on Florida document number $\frac{L20000255929}{L20000255929}$.	8/19/20 and assigned
his amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compan	<u>y here</u> :
The new name must be distinguishable and contain the words "Limited Liability Company."	he designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)	272
	2722
Mailing address MAY BE A POST OFFICE BOX) ———————————————————————————————————	er records, enter the name of the new reg
Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered office address on or	r records, enter the name of the new reg
	r records, enter the name of the new reg
Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on orgent and/or the new registered office address here:	r records, enter the name of the new reg
Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered office address on orgent and/or the new registered office address here: Name of New Registered Agent:	r records, enter the name of the new regions of the
Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered office address on orgent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	r records, enter the name of the new regions of the

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.

City

Zip Code

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
MGR	ROSITA LOPEZ RODRIGUEZ	3745 42ND AVE SE	■Add
		NAPLES FL 34117	□Remove
			□Change
			□Add
		-	Change
			□ Add
			□Remove
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ffective date, if other an effective date is listed to the date insection occurrent's effective occurrent's effective.	ed, the date must be so rted in this block d	pecific and cannot need to	the applicab	date of filing o	or more than 90 Hing requires	(option:) days after fili nents. this da	ng.) Pursuant to	605.0207 listed as
record specifies a de l is filed.	layed effective date	e, but not an e	ffective time	e, at 12:01 a.	m, on the ear	lier of: (b)	The 90th day	after the
October 24		20	021					
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	Signa	sture of a memb	per or authoriz	ed representa	live of a memb	er		-

Filing Fee: \$25.00