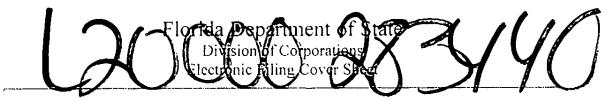
Division of Corporations

Page: 2 of 6

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN NEXT GENERATION SOLUTIONS LLC

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Registration Section

## **COVER LETTER**

Division of Co	rporations		
	NERATION SOLUTIONS LLC	3	
SUBJECT:	Name of Lim	ited Liability Company	<del></del>
Ten	e a and an an and formal man when	united the filing	
	f Amendment and fee(s) are sub-		
Please return all corresp	ondence concerning this matter	to the following:	
	Cheyenne Moseley		
		Name of Person	
<del></del>	Legalzoom.com, Inc.		
		Firm/Company	
	101 N Brand Blvd 11th Fl		
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	Glendale, CA 91203		
		City/State and Zip Code	
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	E-mail address: (	to be used for future annual report noti-	ication)
For further information	concerning this matter, please ca	all:	
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Name	of Person	Area Code Daytime	e Telephone Number
Enclosed is a check for	the following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Regis Divis P.O.	LING ADDRESS: stration Section ion of Corporations Box 6327 hassee, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Co Tallahassec, FL 32	on actions onter Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

NEXT GENERATION SOLUTIONS LLC	·
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) bility Company)
The Articles of Organization for this Limited Liability Company w Florida document number <u>L20000285440</u>	ere filed on 09/10/2020 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabili	ty company here:
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)	
M	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office.	ion address on our records, enter the name of the new
B. If amending the registered agent and/or registered off- registered agent and/or the new registered office address here:	ice address on our records; the same of th
Tegatera again	
Name of New Registered Agent:	
	2 -
New Registered Office Address:	Emer Fiorida street address
·	City Florida Zip Code
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	7
I hereby accept the appointment as registered agent and agre provisions of all statues relative to the proper and complete p accept the obligations of my position as registered agent as po- being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	royided for in Chapter 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

To: +18506176383

MGR = Manager

AMBR = Authorized Member

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\_\_\_ Change

## If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	MCDUFFEY, JACLYN	1.	
		9370 COPPER CAN NAPLES, FL 34120	IYON CT
			☐ Change
			□ Add
<b>**</b>			_□ Remove
			☐ Change
		•-	☐ Remove
			□ Change
	<del></del>		□ Add
			☐ Remove
			□ Change
			Add
			□ Remove
			Change
			□ Add
			☐ Remove

	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	·
<u> </u>	
	••
Note: I	re date, if other than the date of filing:
) The s	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated_	Farmer Signature of a member or authorized representative of a member
	Pariety Beaucier Signature of a member of authorized representative of a member
	Pamela Bianculli
	Typed or printed name of signee

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