# 120000391695

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# **COVER LETTER**

TO:

	egistration Sect vision of Corp					
CHD IECT		DUSTRIES LLC	<b>;</b>	·		
SUBJECT	:	Name of Limite	ed Liability Company			
The enclose	ed Articles of A	mendment and fee(s) are subm	aitted for filing.			
Please retur	n all correspond	dence concerning this matter to	the following:			
		Jolante Williams				
			Name of Person			
		Pipelyne Marketing				
			Firm/Company			
		P.O. Box 2147				
			Address			
•		Brandon, FL 33509				
		220 1	City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·		
		jolantewilliams32@gmail.cor	n be used for future annual report notif	ication)		
For further	information cor	ncerning this matter, please cal				
Jolante			813 548-3486			
	Name of I	Person	Area Code Daytime	: Telephone Number		
Enclosed is	a check for the	following amount:				
□ \$25.00	Filing Fee ,	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	■ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	ailing Address: egistration Se		Street Address: Registration Sec	ction		
Di	ivision of Co	rporations	Division of Corporations			
	O. Box 6327 illahassee, Fl		The Centre of T 2415 N. Monroo Tallahassee, FL	Street, Suite 810		

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NEXGEN INDUSTRIES LLC

(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 L	iability Company	were filed on December	15, 2020 and assigned	
Florida document number L20000391695	·			
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name of	f the limited liab	oility company here:		
Pipelyne Marketing, LLC				
The new name must be distinguishable and contain the	vords "Limited Liabi	lity Company," the designation	n "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applie	able:	1101 E Cumberland Ave		
(Principal office address MUST BE A STREET ADDRESS)		Suite 20111-254		
		Tampa, FL 33602		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		P.O. BOX 2147		
		BRANDON, FL 33509		
B. If amending the registered agent and/or agent and/or the new registered office addre		address on our records,	enter the name of the new registered	
Name of New Registered Agent: Jolant		18		
New Registered Office Address:	1101 E Cumber	rland Ave Suite 201H-254		
		Enter Florida street	address	
	Tampa		, Florida 33602	
		City	Zip Code	
New Registered Agent's Signature, if changing I	Registered Agent:			

### New Registered Agent's Signature, it 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.

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
MGR	Jolante Williams	P.O. Box 2147, Brandon FL 33509	
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			Change
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<u>Note:</u> If the	date inserted in	this block does	filing:	olicable statutor	ng or more than 9 y filing require	(optional)  Odays after filing.) Fements, this date w	tursuant to 605.0207 ill not be listed as
		elayed effecti ne record is fi		not an effec	tive time, at	12:01 a.m. or	n the earlier of
Augi Dated_	ust 9th		2021				
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_		1100 C11	Muns				
- //	11	Signature	of a member or au	athorized represe	entative of a mem	ber	4-7-

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Filing Fee: \$25.00