Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000304239 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

Account Name : CONTRACTORS REPORTING SERVICES, INC.

Account Number : I20050000099 Phone : (813)932-5244 Fax Number : (813)932-3782

Enter the email address for this business entity to be used for future

annual report mailings. Enter only one email address please. **

Email Address: info@activatemylicense.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **NEXT GENERATION HOMES LLC**

Certificate of Status	0
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Help

Fram: Bill Moore

Fax: 18139325244

Tallahassee, FL 32314

To: LLC Amendment

Fax: (850) 617-6383

Page: 2 of 5

08/12/2021 11:34 AM

COVER LETTER

(((H21000304239 3)))

TO: Registration So Division of Cor			
SUBJECT: NEXT G	ENERATION HOMES	LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	WILLIAM MOORE		
		Name of Person	
	CONTRACTORS R	EPORTING SERVICE INC	S
		Firm/Company	
	13795 N NEBRASK	A AVE	
	-	Address	
	TAMPA, FL 33613		
		City/State and Zip Code	
	info@activatemylicer E-mail address: (ISE.COM to be used for future annual report not	itication)
For further information c	concerning this matter, please ca	all:	
WILLIAM MOORE		813 932-524	
Name o	t Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he following amount:		
■ S25.00 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)
<u>Mailing Addres</u> Registration		<u>Street Address:</u> Registration Se	ection
Division of C		Division of Co	rporations
P.O. Box 632	27	The Centre of	Fallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

From: Bill Moore

Fax: 18139325244

To: LLC Amendment Fax: (850) 617-6383

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(((H21000304239 3)))

NEXT GENERATION HOMES LLC		
(Name of the Limited Liability Comp (A Florida Limited	oany as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Compan Florida document number $\frac{L21000194112}{L21000194112}$.	of Organization for this Limited Liability Company were filed on 4/26/2021	
Profita document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	sility Company" the designation "11 C" or the	ne abbreviation "LLC."
The new fiame must be distinguishable and contain the words. Intimed Like	Anty Company, the designation line of the	AL.
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRESS)		106 F
		<u> </u>
		AN I
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		03
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the</u> i	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Emer Piorida su eet audress	
	Florida	Zip Code
N. D. C. Li and C. C. Grand School Declared Asses	•	Dip Code
New Registered Agent's Signature, if changing Registered Agen		
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	te performance of my duties, and La s provided for in Chapter 605, F.S.	am familiar with and Or, if this document is
1673	anning Pogistared Avent Signature of New	v Registered Agent

From: Bill Moore

Fax: 18139325244

To: LLC Amendment

Fax: (850) 617-6383

Page: 4 of 5

08/12/2021 11:34 AM

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 (((H21000304239 3)))

Title	<u>Name</u>	Address	Type of Action
MGR	LEON G SMITH	15173 CENTRALIA RD	
		BROOKSVILLE, FL 34614	■Remove
			□Change
MGR	ANGELA M SMITH	15173 CENTRALIA RD	□Add
		BROOKSVILLE, FL 34614	≣Remove
			☐ Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			□Change
		47	□Add
			Remove
			☐ Change
			□Add
			□Remove
			□Change

D.

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	f other than the date of f	filing	(optional)	
Tective date, i	s listed, the date must be specifi	ic and cannot be prior to date of	f filing or more than 90 days tutory filing requirement	after filing.) Pursuant	to 605.02 e listed :
in effective date in ote: If the date	inserted in this block does i tive date on the Department	t of State's records.			
in effective date is ote: If the date ocument's effec- record specifies	inserted in this block does i	t of State's records.	2:01 a.m. on the earlier (of; (b) The 90th da	y aiter th
in effective date is tote: If the date icument's effec- record specifies is filed.	inserted in this block does intive date on the Department a delayed effective date, but	t of State's records.	2:01 a.m. on the earlier (of; (b) The 90th da	y after th
an effective date is ote: If the date ocument's effec	inserted in this block does in tive date on the Department a delayed effective date, but	t of State's records. It not an effective time, at I	·	of; (b) The 90th da	y after th