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COVER LETTER

	gistration Sec vision of Corp						
	NEXT LEVE	EL 24/7 LLC					
SUBJECT:		Name of Limi	ted Liability Company				
		Amendment and fee(s) are sub					
Please return	n all correspon	dence concerning this matter t	to the following:				
		MOHAMMAD AL CHAM	IAA				
			Name of Person	···	_		
		NEXT LEVEL 24/7 LLC			ဟ [20	
			Firm/Company		TAVE TAVE) } }	-71
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			Address		SS		1
		ORLANDO, FL 32828			EST	PM 3: 15	C
			City/State and Zip Code		-FE	5	
		NEXT.LEVEL.LLC@HOT E-mail address: (1)	MAIL.COM to be used for future annual report notifi	ication)	-		
For further	information co	oncerning this matter, please co					
монамм	IAD AL CHA	MAA	407 255-3505 at ()				
_	Name of	Person	Area Code Daytime	: Telephone Numb	ET		
Enclosed is	a check for th	e following amount:					
□ \$25.00	Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	Filing Fee cate of Sta ed Copy nal copy is er	tus &	

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 241 C NY NO. . . . Campac College 010

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NEXT LEVEL 24/1 LLC	ny es it now suppers on our records)	
(Name of the Limited Liability Compa (A Florida Limited I	Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000237938</u>	were filed on 05/21/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
NEXT LEVEL QUALITY SOLUTION LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:	16533 DEER CHASE LOOP	
Principal office address MUST BE A STREET ADDRESS)	ORLANDO, FL 32828	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office agent and/or the new registered office address here:		SECRETARY OF STAndhe new regions and the new regions of the new region
Name of New Registered Agent: New Registered Office Address:	Enter Florida street address	
	, Florida	
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

STEAT LEVEL 24/2110

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 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	WADHHAH AL ABAYECHI	16533 DEER CHASE LOOP	= Add
		ORLANDO, FL 32828	□Remove
			Change
			□Add
			SECRETAR Change
			PH GAdd SSEE FL Remove
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med 8/27/	12021.				
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Typed or printed name of signee