121000363692

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Special Instructions to Filing Officer:
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FLORIDA DEPARTMENT OF STATE, Division of Corporations

권의 SEP 27 PX 12: 48

September 16, 2021

LARRY CROSS P&L ACCOUNTING 2420 SW 20TH CT OCALA, FL 34471

SUBJECT: NEXT LEVEL EQUESTRIAN, LLC

Ref. Number: L21000363692

We have received your document for NEXT LEVEL EQUESTRIAN, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by \checkmark one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6842.

Deborah Bruce Corporate Records Supervisor II

Letter Number: 221A00022431

www.sunbiz.org

COVER LETTER

Division of Cor		19	:	
NEXT L	EVEL EQUESTRIAN	^	· •	
3000ECT	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Larry Cross			
		Name of Person		
	P&L Accounting			
		Firm/Company		
	2420 SW 20th Ct			
		Address		
	Ocala, FL 34471			
	plas.lc@aim.com	City/State and Zip Code		
	E-mail address: (to be used for future annual report notification	on)	
For further information of	oncerning this matter, please c	all:	9021 S TAL	· • :
Larry Cross		352 362-9580 at ()	SEP 16	·
Name o	f Person	Area Code Daytime Tele	phone Number (7)	1
Enclosed is a check for the	he following amount:		9: 33 E.F.C	*******
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NEXT LEVEL EQUESTRIAN, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I.	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on August 12, 2021 and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
		_
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	9353 NW 145TH AVE RD	<u> </u>
(Principal office address MUST BE A STREET ADDRESS)	MORRISTON, FL 32668	_
		_
Enter new mailing address, if applicable:	8153 NW 26TH LN RD	_
(Mailing address MAY BE A POST OFFICE BOX)	OCALA, FL 34482	
	021 SE	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	· ·	•
agent and of the new registered office address here.	の (で) 深 () (で) 章 () (で) 章 ()	:]
Name of New Registered Agent:	<u>`</u>	- -
New Registered Office Address:	· 5 · 3	
	Enter Florida street address	_
	Florida	

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

If Changing Registered Agent, Signature of New Registered Agent

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
AMBR	BRANDON A. MAYER	8135 NW 26TH LN RD	□ Add
		OCALA, FL 34482	□Remove
			= Change
			□Add
			□Remove
			☐ Change
			Add 2021 SET
			—————————————————————————————————————
			□ Remove
			Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change

	
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(If an el	August 12, 2021 (optional) (Dective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3). If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
the reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.
Dated	SEPTEMBER, 2. 2021
	Signature of a member or authorized representative of a member
	Brandon A. Mayer
	Typed or printed name of signee

Filing Fee: \$25.00