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PICK-UP	■ WAIT	MAIL
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Certified Copies	_ Certificate:	s of Status
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Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO:

TO: Registration S Division of Co			
SUBJECT:	Next Level Ad	HO Group LL	L
30BJEC17	Name of Limite	ed Liability Company	
The enclosed Articles o	of Amendment and fee(s) are subm	itted for filing.	
	oondence concerning this matter to		
	Saul (Name of Person	——————————————————————————————————————
	Next L	evel cuto Go	UP
	4895	N.W 37 AUR Address	
	<u>Miaa</u> Sa	City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code	auil.com
For further information	E-mail address: (to concerning this matter, please cal		fication)
Sand Name		at (<u>786)</u> 365 Area Code Daytim	-6390 e 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)
Mailing Addi Registration Division of P.O. Box 6	n Section Corporations	Street Address: Registration Se Division of Co The Centre of T	rporations
	527 5. FL 32314		e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NEXT LEVEL AUTO	
(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>しみ 1000 43 8840</u> .	rere filed on 10/06/21 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:
ELITE SR FAVES LLC 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:	3647 NW 4801Er
(Principal office address MUST BE A STREET ADDRESS)	M.ani FL 33542
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u>	253 NE 2 Nd 1967 # 1803 South Miami, FL 3318 20
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	ldress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address: 253	NE 2nd St # 1803/50uth Enter Florida street address
Λλ	

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 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
			□Add
			□ Remove
			□ Change
			□Add
			Remove
			Change
			🗀 Add
			□Remove
			Change
			□Add
			□Remove
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			□Add
			Remove
			□Change
			□Add
			□Change

Effective date, if other than the date of filing: [In effective date, if other than the date of filing: [In effective 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 [Step: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as locument's effective date on the Department of State's records. [Precord 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 distribution of a member of a	_	
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Signature of a member or authorized representative of a member	rated ,	
Signature of a member or authorized representative of a member		
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