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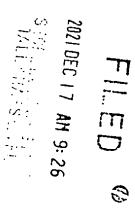
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C. BRUMBLEY

COVER LETTER

· TO:

Registration Section Division of Corporations

	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Bruce C Anderson	Name of Person	
	Nem 72 LLC	Firm/Company	
	3905 Teaberry Lane	Address	
	Sun City Center	City/State and Zip Code	
For further information	bruce@cyberinvestigations E-mail address: (concerning this matter, please c	to be used for future annual report no	lification)
Bruce Anderson Anders Name	son of Person	at (813) 2932991 Area Code Daytii	ne 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)	Section Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration Division of O P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration So Division of Co The Centre of 2415 N. Monto	prporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Next 72 LLC (Name of the Limited Liability	y Company as it nos ann	ears on our records)		
(<u>Name of the Limited Liabilit</u> (A Florida	Limited Liability Company	v)		
The Articles of Organization for this Limited Liability Co	ompany were filed on	19-1-91	and assi	gned
Florida document number L21000516505	·····			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limi	<u>ted liability company</u>	<u>here</u> :		
The new name must be distinguishable and contain the words "Limi	ited Liability Company." th	e designation "LLC" or t	he abbreviation "L.t.	C."
Enter new principal offices address, if applicable:			- -	
(Principal office address MUST BE A STREET ADDR	(ESS)		· ·	
			2	
			מום אנונ	
Enter new mailing address, if applicable:	·			<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)			7	5
			#	П
			9	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	l office address on our	r records, enter the	name of the new	registered
EXAMPLE AND STATE OF THE PROPERTY OF THE PROPE				8
Name of New Registered Agent:	-			
New Registered Office Address:				
	Enter F	Torida street address		
	- -	, Florida		
	Chy		Zip Code	

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.

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>l'itle</u>	<u>Name</u>	Address	Type of Action
AMBR	Doug Pollock	5703 RED BUG LAKE RD, STE 348	≅∧dd
		Winter Springs, Florida 32708	□Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			□A66
			□ Remove
			□ Change
 +-			
			□Remove
			□Change
			□Add
		•	□Remove
			□Change

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		Bruce C Anderson

Filing Fee: \$25.00