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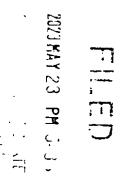




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COVER LETTER

NEXTGEN COLLECTIVE LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Anthony Morales Name of Person MyUSACorporation.com Firm/Company 1 Radisson Plaza, Suite 800 Address New Rochelle, NY 10801 City/State and Zip Code info@myusacorporation.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 330-2677 Anthony Morales Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ■ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed)

Mailing Address:

TO:

Registration Section Division of Corporations

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

· · ·	DLLECTIVE LLC				
(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears Liability Company)	on our records.)		
The Articles of Organization for this Limited Liability Company Torida document number	were filed on	03/22/202	2	_ and as	signed
his amendment is submitted to amend the following:					
a. If amending name, enter the new name of the limited liab	ility company her	<u>'e</u> :			•
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the de	signation "LLC"	or the abbre	viation "I	"L.C."
Enter new principal offices address, if applicable:	107 N 11TH ST., #826,				
Principal office address MUST BE A STREET ADDRESS)	TAMPA, FL 33	602		553	
)>= 	1:
	<u> </u>			23	
inter new mailing address, if applicable:	107 N 11 TH S T	T., #826,	•	ס <u>ר</u>	\Box
Mailing address MAY BE A POST OFFICE BOX)	TAMPA, FL 33	3602		<u>=±£</u>	
			====	<u>C:</u>	
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our re	cords, <u>enter tl</u>	he name o	f the ne	w regis
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florie	da street address			
		Flor			
	Ciţv			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 Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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			□Remove
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If an effective of Note: If the	ate, if other than the date date is listed, the date must be sp date inserted in this block d effective date on the Departi	pecific and cannot be prior to oes not meet the applical			
e record spec rd is filed.	ifies a delayed effective date	:, but not an effective tim	ne, at 12:01 a.m. on th	ne earlier of: (b) The 9	0th day after the
Dated	May 16th	. 2023	_·		
		A Tolar			
	Sig	iture of a member or author	ized representative of a	member	
		JEEVANJEE	T DHAHAN		
			I name of signee		