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| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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22 APR 25 AM 9: 17

T. MATTHEWS JUN 15 2022

COVER LETTER

| TO: Registration S Division of Co | | | | | |
|---|--|---|--|--|--|
| | EVEL STORE LLC | | | | |
| SUBJECT: Name of Limited Liability Company | | | | | |
| | | | | | |
| The enclosed Articles o | of Amendment and fee(s) are sub- | omitted for filing. | | | |
| Please return all corresp | oondence concerning this matter | to the following: | | | |
| | HANCER MUNOZ | | | | |
| | | Name of Person | | | |
| | NEXT LEVEL STORE LI | LC | | | |
| | | Firm/Company | | | |
| | 1201 E COMMERCIAL E | BLVD | | | |
| | | Address | | | |
| | OAKLAND PARK, FL 33 | 3334 | | | |
| | NEVTI EVEL STORELLO | City/State and Zip Code | | | |
| | NEXTLEVELSTORELLC | to be used for future annual report notif | ication) | | |
| For further information | concerning this matter, please c | all: | | | |
| HANCER MUNOZ | | 786 707-0643 | | | |
| Name | of Person | Area Code Daytimo | : 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 Addre Registration Division of P.O. Box 63 Tallahassee, | Section Corporations 27 | Street Address: Registration Sec Division of Corp The Centre of Tallahassee, FL | porations allahassee Street, Suite 810 | | |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF -...345

ON FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

22 APR 25 AM 9: 17 (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 04/04/2022 _____ and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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

__. Florida ___

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> | Name | Address | Type of Action |
|--------------|--------------|------------------------------|----------------|
| MGR | HANCER MUNOZ | 4149 N HAVERHILL RD APT 1615 | ≅ Add |
| | | WEST PALM BEACH, FL 33417 | Remove |
| | | | Change |
| | | | □Add |
| | | | □Remove |
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| | ling any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| ote: n | date, if other than the date of filing: |
| ocumen | t's effective date on the Department of State's records. |
| record s | pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the |
| ated _ | /18/2022 |
| | in standing |
| | Signature of a member or authorized representative of a member |
| | MARIA BENCOSME |
| | Typed or printed name of signec |