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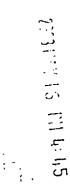
(Requestor's Name)	
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PICK-UP WAIT MAIL	
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## **COVER LETTER**

TO:

TO: Registration Se Division of Corp			
SUBJECT: NEXT	GRADING & M	OPELIC	
Nome : A Control		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Ruben Var	Name of Person	
		Firm/Company	
	4909 Coror	ret Rd Lot Cl	
	Plant Cita	FI 3356 6 City/State and Zip Code	
	Clex ruben E-mail address: (	28100 amail	
For further information co	oncerning this matter, please ca	all:	<u> </u>
Ruben Vo	Person S	at (813) 478-570 Area Code Daytime Telephone	Number 5
Enclosed is a check for th	e following amount:		
₩\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	60.00 Filing Fee, Certificate of Status & Certified Copy additional copy is enclosed)
Mailing Address Registration S		Street Address: Registration Section	
Division of C	orporations	Division of Corporations	
P.O. Box 632 Tallahassee, F		The Centre of Tallahasse 2415 N. Monroe Street, S.	
i allallassee, l	<i>ね フム</i> フエマ	ZTIJ IN. MICHICE SHEEL, S	Juilly Old

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NEXT GRADING & MORE 110

(Name of the Limited Liabil	ity Company as it now appears on ca a Limited Liability Company)	our records.)
	, , ,	. 1. 7
The Articles of Organization for this Limited Liability (	Company were filed on <u>FED</u>	10014 01, 2023 and assigned
Florida document number <u>L_230000 5 §</u>	148	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designa	tion "Ll.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	,
		• :
		:
		•••
Enter new mailing address, if applicable:	<del> </del>	
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>	
B. If amending the registered agent and/or registered	d office address on our record	ls, <u>enter the name of the new registered</u>
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida sti	veet address
		Florida
	City	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>	Address	Type of Action
MGR	Israel Sontiago	4909 Coronet Ra Lot A 1	
	v	409 Coronet Ra Lot A 1 Plant City, Fl. 335000	Remove
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Tective date, if other than the date of filing:  (option effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this becument's effective date on the Department of State's records.	o <b>nal)</b> filing.) Pursuant to 605.020 date will not be listed a
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