

L23 000095051

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

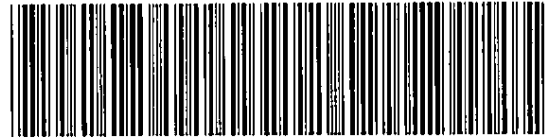
Certified Copies _____ Certificates of Status _____

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2023 MAR - 7 AM 9:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03/07/23--01002--

RECEIVED

2023 MAR - 7 AM 9:42

DIRECTOR'S OFFICE
CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

1. Registration Section
Division of Corporations

SUBJECT: NextGen Contracting & Roofing, LLC
Name of Limited Liability Company

2. Enclosed Articles of Amendment and fee(s) are submitted for filing.

3. I return all correspondence concerning this matter to the following:

Philip A. Nall
Name of Person

NextGen Contracting & Roofing, LLC
Firm/Company

825 E. cowboy way, site 106
Address

Labelle, FL, 33935
City, State and Zip Code

Philip. Nall @ Next-gen . company
E-mail address: (to be used for future annual report notification)

4. Further information concerning this matter, please call:

Mauricio E. Quisada at (352) 697-2863
Name of Person Area Code Daytime Telephone Number

5. I used a check for the following amount:

- ☐ \$2.00 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 Address:
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

NEXTGEN CONTRACTING & ROOFING

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Articles of Organization for this Limited Liability Company were filed on ~~Feb 22, 2023~~ and assigned
file document number L23000095051 Feb 22, 2023

An amendment is submitted to amend the following:

N/A

If amending name, enter the new name of the limited liability company here:

New name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

Principal office address MUST BE A STREET ADDRESS

825 E Cowboy Way,
Site 106, Labelle, FL
33935

Enter new mailing address, if applicable:

Mailing address MAY BE A POST OFFICE BOX

825 E cowboy way,
Site 106, Labelle, FL,
33935

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:

Philip Austin Nall

New Registered Office Address:

1455 Forest Lane

Enter Florida street address

Clewiston

City

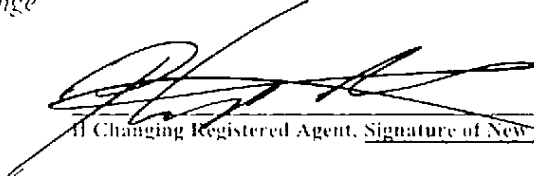
Florida

33440

Zip Code

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 understand the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is 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.


Philip Austin Nall
If Changing Registered Agent, Signature of New Registered Agent

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2023 MAR -7 AM 9:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

MGR = Manager

AMBR = Authorized Member

	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Mauricio E. Anzlada	1007 Manor Dr.	<input checked="" type="checkbox"/> Add
		Palm Springs, FL, 33461	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Philip A. Nall	1455 Forest Lane,	<input checked="" type="checkbox"/> Add
		Clewiston, FL, 33440	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Dennis B. Sherwood	825 E. Cowboy Way,	<input checked="" type="checkbox"/> Add
		Labelle, FL, 33935	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

N/A

Effective date, if other than the date of filing: _____ (optional)

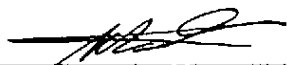
(An effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

record 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 is filed.

Dated

03/06/23



Signature of a member or authorized representative of a member

Mauricio Qujada

Typed or printed name of signee