

L230000102331

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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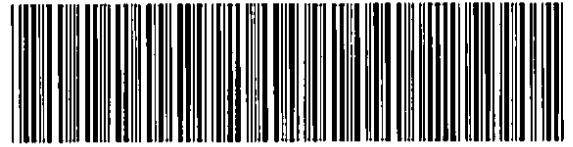
(Business Entity Name)

(Document Number)

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CLERK OF STATE
TALLAHASSEE, FL

Y. SCOTT

JUL - 8 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NEXTGEN COMMUNITY MANAGEMENT, LLC
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:

ALEXANDRA SEGARRA
Name of Person

NEXTGEN COMMUNITY MANAGEMENT, LLC
Firm/Company

PO BOX 2105
Address

ESTERO, FL 33929
City/State and Zip Code

ALEX @ NEXTGCM.COM
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FL

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For further information concerning this matter, please call:

ALEXANDRA SEGARRA at (239) 247-2007
Name of Person Area Code Daytime 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 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 COMMUNITY MANAGEMENT, LLC

(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 3.1.2023 and assigned
Florida document number L2300010233.

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)

PO BOX 265

ESTERO, FL 33929

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:

ALEXANDRA SEGARRA

New Registered Office Address:

13250 HIGHLAND CHASE PL

Enter Florida street address

FORT MYERS

City

Florida

33913

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 added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>AMBR</u>	<u>GREGG GRAY</u>	<u>20110 CORKSCREW SHORES</u> <u>BLVD</u>	<input type="checkbox"/> Add
		<u>ESTERO, FL 33928</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>AMBR</u>	<u>SHERRI GRAY</u>	<u>20110 CORKSCREW SHORES</u> <u>BLVD</u>	<input checked="" type="checkbox"/> Add
		<u>ESTERO, FL 33928</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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2023 MAY 10 PM 2:09
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TALLAHASSEE, FL
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2023 MAY 10 PM 2:09
SHERIFF'S OFFICE
ALACHUA COUNTY, FL

FILED
2023 MAY 10 PM 2:09
CLERK OF DISTRICT COURT
DAKOTA COUNTY, MINN.

(If 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)

If the 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 record is filed.

Dated May 5, 2023

Alexandra Sgarbi
Signature of a member or authorized representative of a

Signature of a member or authorized representative of a member

ALEXANDRA SELARRA
Typed or printed name of signer

Typed or printed name of signee

Filing Fee: \$25.00