L23000283795

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
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COVER LETTER

Div	ision of Corp	porations				
SUBJECT:	NEXT HOS	PITALITY LLC				
SOISECT.		Name of Lim	ited Liability Company			
The enclosed	Articles of A	Amendment and fee(s) are sub	mitted for filing.			
Please return	all correspor	ndence concerning this matter	to the following:			
		DOUG ZEIF				
			No. of Days			
			Name of Person			
		EQULA MEASURE PAR	TNERS			
			Firm/Company			
		6574 N. STATE ROAD 7.	SUITE 415			
			Address			
		COCONIT CREEK, FL 33	3073			
			City/State and Zip Code			
		DZ@EQUALMEASURE.			207 Se	
		·	to be used for future annual report notification)		2023 DEC I	
For further in	nformation co	ncerning this matter, please co	all:			
DOUG ZEII	F		561 302-7491 at ()		8 PM 12: 54	
	Name of	Person	Area Code Daytime Teleph	one Number	HIZ:	
					FATE	
Enclosed is a	a check for the	e following amount:				
■ \$25.00 I	filing Fee	□ \$30,00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ Certified Copy (additional copy is enclosed)	Certified (e of Status &	

TO:

Registration Section

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

NEXT HOSPITALITY LLC		
(<u>Name of the Limited Li</u> (A Fl	ability Company as it now appears on our r orida Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Florida document number L23000283795	ty Company were filed on 6/07/2023	and assigned
This amendment is submitted to amend the following	g:	
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 AI	ODRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX		2003
B. If amending the registered agent and/or regist agent and/or the new registered office address he		8
Name of New Registered Agent:		PH PH PH S
New Registered Office Address:	Enter Florida street a	
		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 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
AMBR	DOUGLAS ZEIF	7511 W. UPPER RIDGE DRIVE	■Add
		PARKLAND, FL 33067	□Remove
			☐ Change
<u></u>			□Add
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Signature of a member or authorized representative of a member	Signature of a member or authorized representative of a member	£	les 6	3		
		Signature	of a member or autho	rized epresentative	a member	

Filing Fee: \$25.00