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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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DIVISION OF CORPORATIONS 2023 AUG -7 PH 12: 40 2023 AUG -7 PH 12: 40 2023 AUG -7 PH 12: 40

ALLAHASSEE. FLORID



FLORIDA CAPITAL COURIER SERVICES, INC

2330 CLARE DRIVE

TALLAHASSEE, FL 32309

(850) 524–5437

(850) 524-6243

Please use funds from this account: 120210000160: \$30.00

Authorization Signature:

NEXQUEST, LLC

L23000360065

DOCUMENT #

1.70

BUSINESS	NAME

____ Certified Copy

X	Certificate	of	Status
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NEW FILINGS

Profit Corp Not for Profit Limited Liability Domestication Other CORP

____ LLLP

OTHER FILINGS

____ Annual Report

- ____ Fictitious Name
- ____ APOSTILLE
- ____ Country

EXAMINER'S INITIALS:

AMMENDMENTS

_x_Amendment

____Resignation of R.A. Officer/Directon

2023 AUG -

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- Change of Registered Agent
- ____Revocation of Dissolution
- ____Merger
- ____Articles of Conversion
- ____ Amended and restated Articles
- Statement of Authority

REGISTERATION/QUALIFICATIONS

- __Foreign filing __Qualification for LLP ____Reinstatement
- ___Other

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COVER LETTER

TO:	Registration Section
	Division of Corporations

SUBJECT: _____

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:

Austin Lopez Name of Person NexQuest Firm/Company 4205 Cloud Hopper Way ISIA10 2023 AUG -7 Address Lutz, FL 33559 City/State and Zip Code PH 12: 40 a.j_lopez@ymail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Austin Lopez 813 943-5686 at (_____ Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: S25.00 Filing Fee 🖻 \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address: Street Address: **Registration Section Registration Section Division of Corporations Division of Corporations** P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NEXQUEST, 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 July 31, 2023 and assigned Florida document number L23000360065

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 "LLC."

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 addr	ess
	, F	Plorida
	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

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I.

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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

• • • •

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<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Austin Lopez	4206 Cloud Hopper Way, Lutz, FL 33559	🖻 Add
			Remove
			□Change
<u>_</u> _			🗆 Add
			PH 1200 F
			🖾 Change
	· · · · · · · · · · · · · · · · · · ·		□Add
			🗆 Remove
			□Change
		, <u>_</u>	🗆 Add
		<u></u>	DRemove
			Change
			🗆 Add
			CRemove
			□Change

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D. If amending any other information	, enter change(s) here:	(Attach additional sheets, i	f necessary.)
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2023
DIVISIONE LARY OF STATUMS
DIVISION OF CORPORATIONS
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E. Effective date, if other than the date of filing: ________(optional) (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) 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.

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	August 7th	2023
	R.I	······································
	Unter topla	
	- Signature of a m	ember or authorized representative of a member
	Austin Lopez	

Typed or printed name of signee