

L23 UCC 366665

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

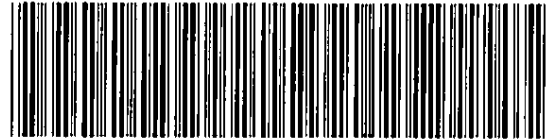
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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DIVISION OF CORPORATIONS

2023 AUG -7 PM 12:40

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GALLAHASSEE, FLORIDA

R. HUNT  
08/07/23

FLORIDA CAPITAL COURIER SERVICES, INC


2330 CLARE DRIVE

TALLAHASSEE, FL 32309

(850) 524-5437

(850) 524-6243

**Please use funds from this account: I20210000160: \$30.00**

Authorization Signature:  :

**NEXQUEST, LLC**

**L23000360065**

BUSINESS NAME

DOCUMENT #

☐ Certified Copy

☒ Certificate of Status

**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/Director
- ☐ Change of Registered Agent
- ☐ Revocation of Dissolution
- ☐ Merger
- ☐ Articles of Conversion
- ☐ Amended and restated Articles
- ☐ Statement of Authority

**REGISTRATION/QUALIFICATIONS**

- ☐ Foreign filing
- ☐ Qualification for LLP
- ☐ Reinstatement
- ☐ Other

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: NEXQUEST, 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:

Austin Lopez

Name of Person

NexQuest

Firm/Company

4205 Cloud Hopper Way

Address

Lutz, FL 33559

City/State and Zip Code

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:

☐ \$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

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**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>
AMBR	Austin Lopez	4206 Cloud Hopper Way, Lutz, FL 33559	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

U.S. DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

2023 AUG -7 PM 12:40

**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

*Austin Lopez*  
Signature of a member of \_\_\_\_\_

Signature of a member or authorized representative of a member

Austin Lopez

Typed or printed name of signee

**Filing Fee: \$25.00**