

L2400 3/21/1

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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MAIL

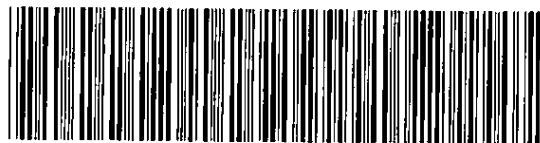
(Business Entity Name)

(Document Number)

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08/20/24--01035--016 **25.00

FILED
AUG 21 2024
FBI - MEMPHIS

R. HUNT

08/20/24

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: NEXTLEVEL UNIVERSTY 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:

ADRIANA LOPES BARROS MUNHOLI

Name of Person

PREMIUM CONSULTING AND TAX SERVICES

Firm/Company

8803 FUTURES DRIVE SUITE 5B

Address

ORLANDO, FLORIDA, 32819

City/State and Zip Code

ADRIANA@PREMIUMTAXUSA.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ADRIANA LOPES BARROS MUNHOLI

321 236-0200

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

NEXTLEVEL UNIVERSITY 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 STATE OF FLORIDA and assigned Florida document number L24000312134.

This amendment is submitted to amend the following:

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

NEXTLEVEL UNIVERSITY LLC

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:

8803 FUTURES DR SUITE 5B

(Principal office address MUST BE A STREET ADDRESS)

ORLANDO, FLORIDA 32819

Enter new mailing address, if applicable:

8803 FUTURES DR SUITE 5B

(Mailing address MAY BE A POST OFFICE BOX)

ORLANDO, FLORIDA 32819

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:

PREMIUM CONSULTING AND TAX SERVICES LLC

New Registered Office Address:

8803 FUTURES DR SUITE 5B

Enter Florida street address

ORLANDO

City

Florida 32819

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.

ADRIANA MUNHOLI

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	MAPAHX CONSULTING LLC	16192 COASTAL HWY	<input type="checkbox"/> Add
		LEWES, DE 19958	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	G NASCIMENTO, FABIO	RUA DAS PEROLAS, Q.42,L.13,S/N	<input checked="" type="checkbox"/> Add
		SETOR GOIANIA 2	<input type="checkbox"/> Remove
		GOIANIA, GO 74663-530, BR	<input type="checkbox"/> Change
AMBR	NEXTLEVEL CAPITAL PARTNERS LLC	1000 N. WEST ST., SUITE 1501	<input type="checkbox"/> Add
		CITY OF WILMINGTON, DE	<input type="checkbox"/> Remove
		19801, US	<input checked="" 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

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(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.

Fabio G. Pasciunento.

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00