## N2000005466

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

•

NAME OF CORPORATI	Next Level Nation F	reparatory inc		
	N20000005466			
DOCUMENT NUMBER:		<del></del>		
The enclosed Articles of An	nendment and fee are sub	mitted for filing.		
Please return all correspond	ence concerning this matt	er to the following:		
Waynette Samuel				
		(Name of Contact P	erson)	
Next Level Nation				
	· · · · · · · · · · · · · · · · · · ·	(Firm/ Compan	y)	
611 S Ft Harrison Avenue	Suite 162			
		(Address)		
Clearwater FL 33756				
		(City/ State and Zip	Code)	
wsamuel@nextlevelnation.	net			
I	E-mail address: (to be used	d for future annual re	port notificatio	n)
For further information con	cerning this matter, please	e call:		
Waynette Samuel		at	()	4312282
	(Name of Contact Person	<del></del>		(Daytime Telephone Number)
Enclosed is a check for the	following amount made p	ayable to the Florida	Department of	State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy enclosed)	Certif is Certif	0 Filing Fee ficate of Status fied Copy tional Copy is osed)

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327

Street Address
Amendment Section
Division of Corporations
The Centre of Tallahassee

## Articles of Amendment to Articles of Incorporation of

Next Level Nation Preparatory Inc		
Name of Corporation as currently filed with the Flor	rida Dept. of State)	
N20000005466		
(Document N	Number of Corporation (if	known)
Pursuant to the provisions of section 617.1006, Florida Samendment(s) to its Articles of Incorporation:	Statutes, this <i>Florida Not I</i>	For Profit Corporation edopts the followi
A. If amending name, enter the new name of the corp	poration:	
N/A		The ne
name must be distinguishable and contain the word "con "Company" or "Co." may not be used in the name.	rporation" or "incorporat	ed" or the abbreviation "Corp." or "Inc.
D. P	N/A/	
B. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDR	RESS)	
	<del> </del>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	n N/A	
(Mailing address MAT BE A POST OFFICE BOA		
<ol> <li>If amending the registered agent and/or registered new registered agent and/or the new registered of</li> </ol>		a, enter the name of the
N/A		
Name of New Registered Agent:		
New Registered Office Address:	1	Florida str <del>ee</del> t addr <del>ess</del> )
N/A	•	
- N/A		, Florida
	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Regis	stered Agent:	
hereby accept the appointment as registered agent. I	am familiar with and acce	ot the obligations of the position.
		of the obligations of the position.
	Signature of New Reg.	stered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change X Remove X Add	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add		<u>n/a</u>	
Remove			
2) Change Add			
Remove 3) Change Add Remove		<u>n/a</u>	
4) Change Add		n/a	
Remove			
5) Change Add		n/a	
Remove			
6) Change Add		n/a	
Remove			
E. If amending or addin (attach additional shee		nal Articles, enter change(s) here: ssary). (Be specific)	
Said organization is organ	nized exc	lusively for charitable, religious, educational, and so	ientific purposes, including, forr such
purposes, the making of o	listributio	ons to organizations that qualify as exempt organizat	ions described under Section 501(c)(3)
of the Internal Revenue C	ode, or c	orresponding section of any future federal tax code.	·····
Upon the dissolution of the	ne organi:	zation, assets shall be distributed for one or more ex-	empt purposes within the meaning of
Section 501(c)(3) of the I	nternal R	evenue Code, or corresponding section of any futur	e federal tax code, orshall be

distributed to the federal government, or to a state or local government, for a public purpose.	
	<del></del>
	<del></del>
	••
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	<del></del>
The date of each amendment(s) adoption:	, if other than the
Effective date if applicable:	
Effective date if applicable:  (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be document's effective date on the Department of State's records.	e listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.	

/1	bus tto A	a	
bave		of the board, president or other off porator – if in the hands of a recei that fiduciary)	
w	aynette Samuel		

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were