## P15000099680

(Re	equestor's Name)	
(Ac	dress)	
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(Ci	ty/State/Zip/Phone	e #)
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## **COVER LETTER**

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**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: NEXT LEVEL SE	RVICES & REPAIR INC	
DOCUMENT NUM	P15000000680		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	David Fernandez		
		Name of Contact Person	n
		Firm/ Company	
	11455 SW 59 TER		
		Address	<del></del>
	Miami, FL 33173		
		City/ State and Zip Cod	e
david	d@nextlevel.support		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
David Fernandez		at ( 305	3034848
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Amend Division Clifton	Address Iment Section on of Corporations Building
Tall	ahassee. FL 32314	2661 E	Executive Center Circle

Tallahassee, FL 32301

## **Articles of Amendment Articles of Incorporation** of

NEXT LEVEL	SEDVICES	& DEDAID	INC
NEAL LEVEL	DEKVILES.	W KEPAIK	LING

NEXT LEVEL SERVICES & REPAIR INC	
(Name of Corporation as currently	filed with the Florida Dept. of State)
P15000099680	
(Document Number of C	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Fits Articles of Incorporation:	lorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
NEXT LEVEL SYSTEMS INC	The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Coword "chartered," "professional association," or the abbreviation "Post of the abbreviation "Post of the abbreviation".	" "company," or "incorporated" or the abbreviation o". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	NA SET
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PH 2:55  N/A
D. <u>If amending the registered agent and/or registered office addressed new registered agent and/or the new registered office address:</u>	ss in Florida, enter the name of the
Name of New Registered Agent Number	· · · · · · · · · · · · · · · · · · ·
New Registered Office Address: (Florida stree	t address), Florida City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with	th and accept the obligations of the position.
~ \ \ \	+
Signature of New Reg	sistered 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	<u>PT</u>	John Doe	
X Remove	¥	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Sally Smith  Name  Name	Address
1) Change	<del></del>		
Add			
Remove			
2) Change			
Add			
Remove			
3 ) Change		_	<u> </u>
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			<del></del>
6) Change			
Add			
Remove			***************************************

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
	1.0
	$\mathcal{N}(1)$
an amendment provides for an exchorovisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
	N/P
T-1	

The date of each amendment(s) adoption:date this document was signed.	, if other than the
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 document's effective date on the Department of State's records.	will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	r
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 6/7/16	
Signature  (By a director, president or other officer – if directors or officers have not been	<del></del>
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
DAVID FERNANDEZ	
(Typed or printed name of person signing)	
CEO	
(Title of person signing)	