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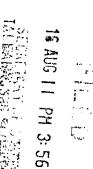


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R. While



COVER LETTER

TO: Amendment Section

Division of Corporations

	NEXT 1 INC			
DOCUMENT NUMBER: P16 0	0006 3942			
The enclosed Articles of Amendment and fee a	are submitted for filing.			
Please return all correspondence concerning the	is matter to the following:			
UNIM	MUSHTA8 Name of Contact Person			
	Name of Contact Person			
A ~	0/277 1 /0/2			
	NEXT I TWO			
	Firm/ Company			
1600	NW FYTH AVE			
, <u>-</u>	Address			
MIA	NEAT 1 INC Firm/ Company NW 8474 AVE Address M, FL 33/26 City/ State and Zip Code			
	City/ State and Zip Code			
E-mail address: (to	be used for future annual report notification)			
For further information concerning this matter,	please call:			
UMME MUST	Area Code & Daytime Telephone Number			
Name of Contact Person	Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount m	ade payable to the Florida Department of State:			
\$35 Filing Fee Certificate of State	us Certified Copy Certified Copy (Additional copy is enclosed) Section Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			

Articles of Amendment

Articles of Incorporations 11 PH 3: 56

	Articles of Inc	corporations 1	1 44 3.30)	
AIN	NEXT 1	2 May 1	and A Red	X	
(Name of Co	rporation as currentl	y filed with the	Florida Dept. o	(State)	
P	160000	6394	2		
	(Document Number of				
Pursuant to the provisions of section 607.1006 its Articles of Incorporation:	Florida Statutes, this	Florida Profit C	orporation adop	ts the following a	amendment(s) to
A. If amending name, enter the new name of	f the corporation:				
name must be distinguishable and contain to "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,"	"Corp," "Inc," or "	Co". A professi	or "incorporation	ed" or the abb	The new reviation ntain the
R Enter new principal office address if any	disable	1600	NW	8474 1	415
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		MIM	111 FL	8474 1 3312	6
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFI		Slevo Minse	NW (847H / 3312 c	1/2 = 1
D. If amending the registered agent and/or r			<u>iter the name o</u>	<u>f the</u>	
new registered agent and/or the new region Name of New Registered Agent	MAD MU	ISHTAD			
	600 NN (Florida stre	PYTH	AVE		
	(Florida stre	et address)	7.2		
New Registered Office Address: 14/19777/			121/	da 33/ <i>6</i>	7-6
New Regimered Office Audress.	(City)	, 110	(Zip Cod	(e)
New Registered Agent's Signature, if changir Thereby accept the appointment as registered a	i <u>g Registered Agent:</u> gent. I am familiar w	ith and accept th	e obligations of	the position.	
X					
	Signature of New Re	gistered Agent, i,	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	PT	John Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	V	ALI MUSHTAN	1600 NW 8474 AVE MIAMI FL 33126
Add			MIAMI FL 33126
Remove			
2) Change			
Add			
Remove			- I was a standard and the last of the standard and the s
3) Change			
Add			
Remove			
4) Change			
Add			- In the William of Parketing of the Control of the
Remove			-
5) Change			
Add			
Remove			11.11.11.11.11.11.11.11.11.11.11.11.11.
f) Change	 	-	
Add			
Remove			

ttach additional sheets, if necessary).	icles, enter change(s) h (Be specific)			
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nn amendment provides for an exch	anas madaggification	ov concellation of is	euad charae	
covisions for implementing the amer	ndment if not containe	d in the amendment	itself:	
(if not applicable, indicate N/A)			<u> </u>	
(ij noi appiicavie, inaicate iV/A)	4 2			
	1 / n.			
	I/A			
	<i> A</i>			
	//A			
	<i>//A</i>			
)/A			
	//A			

The date of each amendment(s) adoption:date this document was signed.		, if other than the
-	P1. /.	
Effective date if applicable:	(no moré than 90 days after amendmen	nt file date)
	(10 mg/c mm/ > and signal amainmen	
Note: If the date inserted in this block does document's effective date on the Department of		equirements, this date will not be listed as the
Adoption of Amendment(s) (CI	IECK ONE)	
The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	shareholders. The number of votes east in approval.	or the amendment(s)
☐ The amendment(s) was/were approved by the must be separately provided for each voting		
	ndment(s) was/were sufficient for approva	al .
by	ting group)	"
(vo	ting group)	_
☐ The amendment(s) was/were adopted by the action was not required.		tion and shareholder
☐ The amendment(s) was/were adopted by the action was not required.		
Dated X 08/09/	2016 New or other officer – if directors or officer or other officer, tr	
Signature	A Constant of Cons	now have not been
(By a director, pres	or other other – if directors of other properties of other others, tropped a receiver, tr	ustee, or other court
appointed fiduciary	by that fiduciary)	ance, or other court
	UMAR MUSHIA (Typed or printed name of person signing)	Ø
	Typed or printed name of person signing)	
	Patis IDENT (Title of person signing)	
	(Title of person signing)	