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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPO	PRATION: NEXTGEN REST	ORATION GROUP				
DOCUMENT NUM	IBER: P17000009663					
	s of Amendment and fee are su	bmitted for filing.				
Please return all corr	espondence concerning this ma	tter to the following:				
	IDGMAR CALVO					
	Name of Contact Person					
	NEXTGEN RESTORATION GROUP					
		Firm/ Company				
18495 S DIXIE WHY UNIT #280						
		Address				
	CUTLER BAY, FLORIDA	33157				
		City/ State and Zip Cod	e			
IDC	SMAR73@GMAIL.COM			17		
		sed for future annual report	notification)			
	, , , , ,		·····,	17 35 31		
For further information	on concerning this matter, pleas	se call:		(년) 31 H		
IDGMAR CALVO		at (433-1594	## 9: 1·2		
Name of Contact Person		Area Co	de & Daytime Telephone Number	S		
Enclosed is a check f	for the following amount made	payable to the Florida Depa	artment of State:			
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filling Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
An Div	ailing Address nendment Section vision of Corporations D. Box 6327	Ameno Divisio	Address Iment Section on of Corporations Building			

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

NEXTGEN RESTORATION GROUP

(Name	of Corporation as curren	tly filed with the Florida Dept. of State)	·	
P17000009663				
	(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607, ts Articles of Incorporation:	1006, Florida Statutes, thi	is Florida Profit Corporation adopts the follow	ring amendment(s)	
A. If amending name, enter the new na	ame of the corporation:			
			The new	
	nation "Corp," "Inc," or	ion," "company," or "incorporated" or the "Co". A professional corporation name mu. o "P.A."		
3. Enter new principal office address,	if annlicable:	18495 S DIXIE WHY UNIT #280		
Principal office address MUST BE A S		CUTLER BAY, FLORIDA 33157	· ···-	
				
C. Enter new mailing address, if appl (Mailing address MAY BE A POST)		18495 S DIXIE WHY UNIT #280	= = = = = = = = = = = = = = = = = = =	
(CUTLER BAY, FLORIDA 33157		
			<u> </u>	
). If amending the registered agent an new registered agent and/or the new		dress in Florida, enter the name of the	Y OF STAIS	
Name of New Registered Agent			_ 5 5	
		street address) NIT #280 CUTLER BAY 33157		
New Registered Office Address:	18495 S DIXIE HWY U			
		(City) (Z.	ip Code)	
lew Registered Agent's Signature, if c hereby accept the appointment as regist		nt: r with and accept the obligations of the position	1.	
	Signature of New	Registered 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 Do	<u>be</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>SV</u>	Sally Sn	nith	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change				
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add		_		
Remove				
6) Change	_	_		
Add				
Remove				

ttach additional sheets, if necessary).	(Be specific)		
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		<u>. </u>	
			
an amendment provides for an excl	nange, reclassification, or ca	ncellation of issued shares,	
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained in t	the amendment itself:	
(i) not applicable, material with			
ŕ			
	.,		

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file o	late)
Note: If the date inserted in this block does not meet the applicable statutory tiling requirer document's effective date on the Department of State's records.	nents, this date will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the by the shareholders was/were sufficient for approval.	amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following the separately provided for each voting group entitled to vote separately on the amendation.	
"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 a action was not required.	nd shareholder
The amendment(s) was/were adopted by the incorporators without shareholder action and shaction was not required.	nareholder
Dated	
Signature Jaman Galco-	
(By a director, president or other officer – if directors or officers had	
selected, by an incorporator – if in the hands of a receiver, trustee, appointed fiduciary by that fiduciary)	or other court
IDGMAR CALVO	
(Typed or printed name of person signing)	
PESIDENT	
(Title of person signing)	