## P19000086834

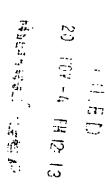
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## **COVER LETTER**

Division of Corporations NAME OF CORPORATION: \_\_\_\_ DOCUMENT NUMBER: P19000086834 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: LEN BURRICKS Name of Contact Person NEXGEN VENTURES, INC Firm/ Company 1001 BRICKELL BAY DRIVE, SUITE 2700 N-2 Address MIAMI, FL 33131 City/ State and Zip Code INFO@MYNEXGENVENTURES.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: LEN BURRICKS Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: **\$35** Filing Fee □\$43.75 Filing Fee & ☐\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed)

**Mailing Address** 

TO: Amendment Section

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

Amendment Section
Division of Corporations
The Centre of Tallahassee

is enclosed)

## Articles of Amendment to Articles of Incorporation of

| <b>NEXGEN</b> | VENTU | IRES | INC |
|---------------|-------|------|-----|
|               |       |      |     |

| s currently filed with the Flor             | rida Dept. of State)  |   |
|---|---|---|
|   | <del>-</del>  |   |
| Number of Corporation (if kno               | wn)   |   |
| utes, this <i>Florida Profit Corpo</i>      | pration adopts the follow   | ing amendment(s   |
| ration:                                     |   |   |
| "Co". A professional corpo                  |   |   |
| <u></u> )                                   |   |   |
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|   | r the name of the   | E U   |
|   | 7:  | <u></u>   |
| Florida street address)                     |   | <del></del>   |
| (City)                                      | , Florida   | o Code)   |
| , = 133 <b>,</b>                            | 17  | ,   |
| ed Agent:<br>familiar with and accept the o | bligations of the position  |   |
| of New Registered Agent, if ch              | langing   |   |
|   | Number of Corporation (if know tutes, this Florida Profit Corporation:  ration:  ration:  ration:  ration:  ration:  ration:  ration:  row A professional corporation "P.A."  SSS   office address in Florida, entered address:  (Florida street address)  (City)  red Agent:  a familiar with and accept the o | ration, ""company," or "incorporated" or the abbrevia "Co". A professional corporation name must cont ion "P.A."  SSS )  office address in Florida, enter the name of the ce address:  (Florida street address)  (City)  Florida (Zig |

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

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.

| X Change                      | PT John               | n Doe           |                         |
|-------------------------------|-----------------------|-----------------|-------------------------|
| X Remove                      | <u>V</u> <u>Mik</u>   | te Jones        |                         |
| X Add                         | <u>SV</u> <u>Sall</u> | y Smith         |                         |
| Type of Action<br>(Check One) | Title                 | <u>Name</u>     | <u>Addres</u> s         |
| 1) Change                     | <u>v</u>              | SABIR HUSSEIN   | 2621 SW 121ST TER       |
| X Add                         |                       |                 | MIRAMAR, FL 33025       |
| Remove                        |                       |                 |                         |
| 2) X Change                   | C CEO                 | LEN BURRICKS    | 1001 BRICKELL BAY DRIVE |
| Add                           |                       |                 | SUITE 2700 N-2          |
| Remove 3) Change              |                       |                 | MIAMI, FL 33131         |
| Add                           |                       |                 |                         |
| Remove                        |                       |                 | ·                       |
| 4) Change                     |                       |                 |                         |
| Add                           |                       |                 |                         |
| Remove                        |                       |                 |                         |
| 5) Change                     | <del></del>           |                 |                         |
| Add                           |                       |                 |                         |
| Remove                        |                       |                 |                         |
| 6) Change                     |                       |                 |                         |
| Add                           |                       | , <del></del> - |                         |
| Remove                        |                       |                 |                         |

|  | heets, if necessary). | (Be specific)            |                    |                   |              |
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| f an amandmant n   | lementing the ame     | ndmont if not con        | ton, or cancellati | on of issued shar | <u>es.</u>   |
| f an amendment p   | ACHIENTED THE BUILD   | <u>namem ij not co</u> n | tamed in the ame   | nament usen:      |              |
| <u>provisions for imp</u>                                  | ble, indicate N/A)    |                          |                    |                   |              |
| f an amendment p<br>provisions for imp<br>(if not applicat | ble, indicate N/A)    |                          |                    |                   |              |
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| <u>provisions for imp</u>                                  | ble, indicate N/A)    |                          |                    |                   |              |

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| The date of each amendment(s) adoption:date this document was signed.   | , if other than the  |
|---|--|
| Effective date if applicable:   |  |
| (no more than 90 a  | lays after amendment file date)  |
| Note: If the date inserted in this block does not meet the applicab document's effective date on the Department of State's records.     | ele statutory filing requirements, this date will not be listed as the               |
| Adoption of Amendment(s) (CHECK ONE)  |  |
| The amendment(s) was/were adopted by the incorporators, or box action was not required.   | ard of directors without shareholder action and shareholder                          |
| ☐ The amendment(s) was/were adopted by the shareholders. The n by the shareholders was/were sufficient for approval.                    | umber of votes cast for the amendment(s)   |
| ☐ The amendment(s) was/were approved by the shareholders throug must be separately provided for each voting group entitled to vot       |  |
| "The number of votes cast for the amendment(s) was/were   | sufficient for approval  |
| by  |  |
| (voting group)  |  |
| Dated   |  |
| Signature   (By a director, president or other officer selected, by an incorporator – if in the happointed fiduciary by that fiduciary) | - if directors or officers have not been ands of a receiver, trustee, or other court |
| LEN BURRICKS  |  |
| (Typed or printed nar   | me of person signing)  |
| CHAIRMAN  |  |
| (Title of person signi  | ng)  |