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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	Concas G:		Ċ		
	Name of Lim	ited Liability Company			
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.			
Please return all correspond	dence concerning this matter	to the following:			
		_			
	Horac	10 5059			
		Name of Person			
	Horac	io 5050 P	Р Д .		
		Firm/Company		**(700
	2924 Do	ivie Rd.	se ic	アン デー	2028 JUL 29
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		FL 333	de		
		& SOSCI to be used for future annu			PH 3: 15
	E-mail address: (to be used for future annu	ual report notifica	ttion)	
For further information cor	ncerning this matter, please ca	all:			
HORA GO	505C	at (954)	532 9	447	
Name of I	Person	Area Code	Daytime T	elephone Number	_
Enclosed is a check for the	following amount:				
				7 642 22 22	_
\$25.00 Filing Fee □ See See See See See See See See Se	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing For Certified Copy (additional copy is		☐ \$60.00 Filing Certificate of Certified Cop (additional copy	Status &
<u>Mailing Address:</u> Registration Se			Address: stration Section	on	
Division of Co		_	sion of Corpo		
P.O. Box 6327		The Centre of Tallahassee			
Tallahassee, FI	_ 32314		N. Monroe S hassee, FL 32	Street, Suite 810 2303	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Concas Gav	工	LLC				
(<u>Name of the Limited Liabili</u> (A Florida	ty Compar Limited L	ny as it now appea iability Company)	rs on our records.)			_
The Articles of Organization for this Limited Liability C Florida document number L 20000 1071 4		were filed on	04/20/	1707	∠2 _{and}	assigned
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the lim 81000 600 22 The new name must be distinguishable and contain the words "Lim	- , L	LC	_	or the abb		"11.0"
-	ined Elaom	ity Company, the t	designation EEC t	title abou	i e v i a i i o i i	D.D.C.
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	RESS)	N/A		i	2)128	
Enter new mailing address, if applicable:		U/A			B JUL 29	
(Mailing address MAY BE A POST OFFICE BOX)				[T] (;	P	. t .
				<u> 독</u> 년	_ ယှ	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office a	ddress on our i	records, <u>enter th</u>	e name	ن) of the	new <u>register</u>
Name of New Registered Agent:	14		<u></u>			
New Registered Office Address:						
		Enter Flo	rida street address			
-		, Florida				
		City			Zip Co	de
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and accept the obligations of my position as registered a being filed to merely reflect a change in the registere company has been notified in writing of this change.	and agre omplete gent as p	performance of provided for in	f my duties, and Chapter 605, F.,	I am fa S. Or, ij	miliar Ethis de	with and ocument is

N/A

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
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effective date, if other than the date of filing:			à.	***
effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605. e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be liste ument's effective date on the Department of State's records. cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after is filed. ed Signature of a member or authorized representative of a member				
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