## 121 CCC 268102

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## **COVER LETTER**

TO: Registration S Division of Co			
	ue Concepts LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Nicole Wilkinson		
		Name of Person	
	Park Avenue Concepts LL	.C	
		Firm/Company	
	105 East Robinson St	•	
		Address	
	Orlando, FL 32801		
	<del> </del>	City/State and Zip Code	<del></del>
	nikster12004@yahoo.com		
		to be used for future annual report not	itication)
For further information	concerning this matter, please c	eall:	
Nicole Wilkinson		407 766-5886	
Name (	of Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for	the following amount:		
□ \$25.00 Filing Fee	■ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Park Avenue Concepts LLC		
(Name of the Limited Liabili (A Florida	ty Company as it now appears on our record a Limited Liability Company)	<u>s.</u> )
the Articles of Organization for this Limited Liability C	Company were filed on June 8, 2021	and assigned
lorida document number L21000268102		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the lim	ited liability company here:	
he new name must be distinguishable and contain the words "Lim	situd Linkilitu Camananu'' tha dacianatian W.I.C	" or the abbreviation "I I C"
he new name must be distinguishable and contain the words. Em	med Maonky Company. The designation CCC	or me aborevianor rb.C.
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDI	RESS)	
		= =
		111
nter new mailing address, if applicable:		₩ 9: 50
Mailing address MAY BE A POST OFFICE BOX)		30
valuing agaress SIAT BE A 1 OST OFFICE BOX)		
	-	
3. If amending the registered agent and/or registered	d office address on our records, enter	the name of the new region
gent and/or the new registered office address here:	e vince address on our records, enter	the name of the new reg.
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street addres:	5
	Flo	orida
<del></del> _	City	Zip Code

## New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or. if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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>le</u>	<u>Name</u>	Address	Type of Action
AMBR	Kevin Young	105 East Robinson St	<b>=</b> Add
		Orlando, FL 32801	□Remove
			□Change
AMBR	Jesse Williams	105 East Robinson St	<b>=</b> Add
		Orlando, FL 32801	□ Remove
			<mark>]</mark> Change
MCR	Probect Willhimson	105 East Robinson	A Add
		105 East Adolinsons Odlando, FL 32801	☐Remove
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ecord specifies a delayed effectivis filed.	e date, but no	t an effective	time, at 12:01	a.m. on the ea	rlier of: (b)	The 90	th day after th
ited June 9		2021					
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