## L2400035 WH

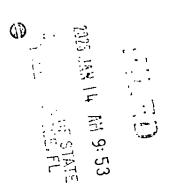
(Requestor's Name)
(Address)
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(1831-555)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(2300000 2000)
(Document Number)
Certified Copies Certificates of Status
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Special Instructions to Filing Officer:





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## **COVER LETTER**

TO: Registration Se Division of Cor			
CNCPT PE	HOTOGRAPHY, LLC.		
	Name of Lin	nited Liability Company	<del></del>
	Amendment and fee(s) are sub ondence concerning this matter	_	
	GIANCARLO JACOME		
		Name of Person	
	CNCPT PHOTOGRAPH	IY, LLC.	
		Firm/Company	
	12715 SW 119 TER.		
		Address	
	MIAMI, FL 33186		
	GIAN.JACOME@GMAIL	City/State and Zip Code .COM	
	E-mail address:	to be used for fitture annual report notifi	
For further information c	oncerning this matter, please o	all:	<b>3</b>
GIANCARLO JACOME	•	786 234-0437	Telephone Number :
Name o	f Person		٠ <del>٠ ٠ ٠ ٠</del> ٠
Enclosed is a check for the	ne following amount:		E SE
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee,  Certificate of Status &  Certified Copy (additional copy is enclosed)
Mailing Addres	<u>s:</u>	Street Address:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CNCPT PHOTOGRAPHY, LLC.						
( <u>Name of the Limite</u>	ed Liability Compa (A Florida Limited	any as it now appears on our reco Liability Company)	rds.)			
The Articles of Organization for this Limited Li Florida document number L24000351064	ability Company	were filed on 08/12/24	and assigned			
This amendment is submitted to amend the follo	wing:					
A. If amending name, enter the new name of	the limited liab	oility company here:				
CNCPT MEDIA, LLC.						
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the designation "LL	.C" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:		8355 W FLAGLER ST, 239				
Principal office address MUST BE A STREET ADDRESS)		MIAMI, FL 33144				
Enter new mailing address, if applicable:		8355 W FLAGLER ST, 239				
Mailing address MAY BE A POST OFFICE I	B <i>OX</i> )	MIAMI, FL 33144				
	<del></del>		三 三			
B. If amending the registered agent and/or re		address on our records, <u>ente</u>	r the name of the new register			
gent and/or the new registered office addres	s here:		15. 15. 15. 15. 15. 15. 15. 15. 15. 15.			
			7.5 S			
Name of New Registered Agent:			<u>π</u> ω			
New Registered Office Address:	8355 W FLAG	SLER ST, 239				
nen negmeret omeentatied.		Enter Florida street addr	ess			
	MIAMI	Į.	'lorida <sup>33144</sup>			
		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 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

Title	Name	Address	Type of Action
		, ·	□Add
			□Remove
			□Change
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ffective date, if other than the an effective date is listed, the date mus lote: If the date inserted in this blocument's effective date on the Document	t be specific and ock does not m	cannot be prior eet the applic	able statutory	and the same of th	(option) days after fi	lima Diameria	int to 605.82 The listed
record specifies a delayed effectiv	e date, but not :	an effective ti	me, at 12:01 a	i,m, on the ear	lier of: (b)	The 90th	day after th
ated 01/03	Wine.	2025	<u> </u>				
01/03	t JOUN Signature of a n		orized represent	ative of a mem	ber		

Filing Fee: \$25.00