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## **COVER LETTER**

	egistration S ivision of Co.			
SUBJECT	<b>':</b>	FAMILY (	CONCEPTS LLC	
		Name of Lim	ited Liability Company	***************************************
The enclose	ed Articles of	Amendment and fee(s) are sui	omitted for filing.	
Please retur	rn all correspo	ondence concerning this matter	to the following:	
			Richard Genaitis	
			Name of Person	
	Firm/Company			
			12118 Cypress Lane	
			Address	
			Clermont, FI 34711	
			City/State and Zip Code	
		E-mail address: (	riterjg@cfl.rr.com to be used for future annual report no	otification)
For further	information o	concerning this matter, please of	eall:	
	Ric	hard Genaitis	at(352)	255-0008
	Name o	of Person	Area Code & Day	time Telephone Number
Enclosed is	a check for t	he 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)
	Regist	ING ADDRESS: ration Section	STREET/COU Registration Sec	

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

Registration Section
Division of Corporations
Clitton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<u></u>	AMILY CONCEPTS LLC		
( <u>Name of the Limited</u> (A	l Liability Company as it now appea A Florida Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited L Florida document number L0800006	· · · · -	July 22, 2008	and assigned
riorida document narioer			
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited liability company he	<u>re</u> :	•
The new name must be distinguishable and end wi "L.L.C."	th the words "Limited Liability Comp	any," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applic	eable:		Zo =
(Principal office address MUST BE A STREE	ET ADDRESS)		
	<del></del>		ASS N
			SEE TO
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	<u></u> .	
B. If amending the registered agent and/ registered agent and/or the new registered of		our records, <u>enter t</u>	he name of the new
Name of New Registered Agent:			
New Registered Office Address:	12118 Cypress Lane		
	En	ter Florida street addi	ess
	Clermont	, Florida	34711
	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 608, 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 the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

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<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Suzanne Howard	630 West Montrose Street Clermont, Fl.34711	Add Remove
MGRM ·	Richard Genaitis	12118 Cypress Lane Clermont, Fl 34711	✓ Add ☐ Remove
			Add Remove
	<del></del>		Add Remove
			Add Remove
			Add Remove
	-	nter change(s) here: (Attach additional sheets, if necessary.) 2118 Cypress Lane, Clermont, FI 34711	- -
- -			
Dated	February 14		
	Signature of	of a member or authorized representative of a member	
		Richard J. Genaitis Typed or printed name of signee	· .
		-1 k-2 or krowner comme or comme	

Page 2 of 2

Filing Fee: \$25.00