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SECKE TARY OF STATE
TALLAHASSEE. FLORID.

D. BRUCE

SEP 2 9 2009

EXAMINER

COVER LETTER

TO: Registration S Division of Co				
SUBJECT:	Concepts Arc	hitectural Group, LI	LC	
30B0BC1		ited Liability Company		
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.	,	
Please return all corresp	oondence concerning this matte	r to the following:		
	Juli	Julio A. Rodriguez "Freddy"		_
		Name of Person		
	Concer	ots Architectural Group	o, LLC	
		Firm/Company		_
	2	2428 Chantilly Terrace		
		Address	- · · · · · · · · · · · · · · · · · · ·	
		Oviedo, FL 32765		P.S. O
		City/State and Zip Code		09 SEP 28 3EORETARY
		(- L		P 2:
For further information	concerning this matter, please	(to be used for future annual repo call:	ort notification)	mg ⊋ n
. Late D	a defende VE en del V	407	000 4457	D 1 2: 40 STATE CORIDA
	odriguez "Freddy" of Person	at (407) Area Code &	620-4157 Daytime Telephone Number	
Enclosed is a check for	the following amounts			
\$25.00 Filing Fee	\$30.00 Filing Fee &	\$55.00 Filing Fee &		lina Fao
▼ \$25.00 Fining Fee	Certificate of Status	Certified Copy (additional copy is er	nclosed) Certifie	ate of Status &
•				
·	tration Section ion of Corporations Box 6327	Registration	Corporations ding	

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Con	cepts Archite	ctural Group	, LLC	
(Name of the Limit	ted Liability Comp (A Florida Limited	any as it now app Liability Company	ears on our records.)	
The Articles of Organization for this Limited	Liability Compan	y were filed on _	October 28, 2009	and assigned
Florida document number L080001	00926			
This amendment is submitted to amend the fi	ollowing:			
A. If amending name, enter the new name	of the limited lia	bility company h	<u>ere</u> :	
	N/a	A		
The new name must be distinguishable and end "L.L.C."	with the words "Lim	ited Liability Com	pany," the designation "LL	C" or the abbreviation
Enter new principal offices address, if app	licable:	N/A		ASS SE
(Principal office address MUST BE A STRI	EET ADDRESS)			P 28
Enter new mailing address, if applicable:			E, FLORID	OF STATE
(Mailing address MAY BE A POST OFFIC	E BOX)		<u> </u>	
B. If amending the registered agent an registered agent and/or the new registered			our records, enter th	e name of the new
Name of New Registered Agent:	N/A			· ·
New Registered Office Address:				
	·	I	Enter Florida street addre	ess
			, Florida	
		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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGRN	// Timothy Campbell	2428 Chantilly Terrace Oviedo_EL_32765	Add
	. .		Add Remove
-			Add Remove
			Add Remove
<u></u>	-		Add Remove
-		<u> </u>	Add Remove
D. If am	nending any other information, ente	er change(s) here: (Attach additional sheets, if necess	sary.)
	N/A		·
Dated	9/24/2009	Atradolos	FILED 09 SEP 28 PH 2 NALLAHASSEE, FL
	_	Julio A. Rodriguez "Freddy" Typed or printed name of signee	2: 40 STATE LORIDA

Page 2 of 2

Filing Fee: \$25.00