## 110000012635

(Requestor's Name)
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(Only) Clater Liph Trolle II)
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(Business Entity Name)
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SECRETARY OF STATE

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SEP - 3 2010

EXAMINER

## **COVER LETTER**

TO: Registration S Division of Co	ection rporations				
SUBJECT:	E & C C(	NCEPTS, LLC			
	Name of Limit	ed Liability Company			
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
		Steve Polisar			
		Name of Person			
		Firm/Company			
	407	Lincoln Road, Suite 2A		20 TAS	
		Address		20 D SEP SECRETA	, ·~•
Miami, Florida 33139  City/State and Zip Code				-2 SS	-
	ste	evepolisar@gmail.com	ification)	111	
For further information	concerning this matter, please of	-	incarion)	AM ID: 35 OF STATE E, FLORIDA	**
	Steve Polisar	at ( 305 )	672-7772		
Name	of Person	Area Code & Dayti	me 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 enclose	ed) Certified	te of Status &	
	LING ADDRESS:	STREET/COUR	RIER ADDRESS:		

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

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Limited Liability Compa (A Florida Limited L	cepts, LLC  ny as it now appears on our records.  Liability Company)	
The Articles of Organization for this Limited Liability Company  Florida document numberL10000072635	were filed on07/09/2010	and assigned
This amendment is submitted to amend the following:		•
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Company," the designation	CE S
Enter new principal offices address, if applicable:	6103 Aqua Avenue	田
(Principal office address MUST BE A STREET ADDRESS)	Miami Beach, Florida 33141	SE 2
		77 3 0
Enter new mailing address, if applicable:	213 Aqua Terrace	De 35 TATE ORIDA
(Mailing address MAY BE A POST OFFICE BOX)	Miami Beach, Florida 33141	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street a	ddress
	, Florida _	<u> </u>
	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 americaling 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 = Mar MGRM = M	nager Ianaging Member		
Title `	<u>Name</u>	Address	Type of Action
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			Add
			Remove
<del></del>	<del></del>		Add Remove
			S S S S S S S S S S S S S S S S S S S
			TARY SEE.
			Recove 35
	<del></del>		Add Remove
D. If amend	ling any other information, enter chan	ge(s) here: (Attach additional sheets, if necessary.)	)
_			<u> </u>
			_
_			<del></del>
Dated	E <sub>111</sub>		
		er of authorized representative of a member Egor Tatarenko	
	Type	ed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00