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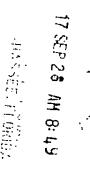
(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

Div	ision of Cor	porations		
SUBJECT:		Management Concepts, LLC		
SOBJECT.		Name of Lim	ited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Kenneth L. Paretti, Esquire	e	
			Name of Person	
		Quinton & Paretti, P.A.		
			Firm/Company	
		1 SE 3rd Avenue, Suite 14	05	
			Address	
		Miami, Florida 33131		
		kparetti@quintonparetti.com	City/State and Zip Code	
			to be used for future annual report no	otification)
For further in	nformation c	oncerning this matter, please ca	all:	
Kenneth L. I	Paretti, Esqu	ire	305 358-2727 at ()	
	Name o	f Person	at () Area Code Dayti	ime Telephone Number
Enclosed is a	check for th	ne following amount:		
□ \$25.00 F	iling 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:

TO:

Registration Section

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

STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Motorcycle Management Concepts.			
(Name of the Limit	ed Liability Company as it now appears o (A Florida Limited Liability Company)	n our records.)	
The Articles of Organization for this Limited Li Florida document number L10000119926			
riorida document number	·		
This amendment is submitted to amend the follo	owing:		
A. If amending name, enter the new name of	f the limited liability company here	;	
The new name must be distinguishable and contain the w	ords "Limited Liability Company," the desi	gnation "L.L.C" or the abbreviation "L.L.C."	
Enter new principal offices address, if applic	able:		
(Principal office address MUST BE A STREE	TADDRESS)		
 -			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	ROX)	17:	
Management State Control of the Cont		<u> </u>	
		SE 25	
B. If amending the registered agent and/	or registered office address on o	our records, <u>enter the name of the n</u>	ew
registered agent and/or the new registered of	<u>Tice address here</u> :		
		9: 4	
Name of New Registered Agent:	Kenneth L. Paretti, Esquire	<u> </u>	
New Registered Office Address:	1 SE 3rd Avenue, Suite 1405		
New Registered Office Address.	Enter Florida	i street address	
	Miami	, Florida 33131	
	City	Zip Code	
New Registered Agent's Signature, if changing l	Registered Agent:		
I hereby accept the appointment as registere provisions of all statutes relative to the propaccept the obligations of my position as registered the obligations of my position as registering filed to merely reflect a change in the accompany has been notified in writing of this	er and complete performance of m stered agent as provided for in Cha registered office address I hereby change.	v dutjes, and Ifam familiar with and apper/605, F/S. Or, if this document is	ic

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>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Aaron Sprague	8509 Gunn Highway, Odessa, FL 33 <i>55</i> &	
			□ Remove
			🗖 Change
			□ Remove
			Change
			Remove
			Remove
			AH 27 - 20 - 20 - 20 - 20 - 20 - 20 - 20 -
			Remove
			Change
			Add
			Remove
			Change
			
			☐ Remove
			Change

If amending any other information, enter change(s) here: (Attach o	additional sheets, if necessary.)	
		
, 		
	 	
	<u> </u>	
		
 		
		17
		4:5
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	<u> </u>	<u> </u>
	(optional)	c
Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be prior to date of filin Note: If the date inserted in this block does not meet the applicable statutor document's effective date on the Department of State's records.	ng or more than 90 days after filing.) Pursuant t	io 605.0207 (
the record specifies a delayed effective/date, but not an effec The 90th day after the record is/filed.	tive time, at 12:01 a.m. on the e	earlier of:
Dated September 26		
-11-17-11		
Signature of a member of authorized representation	mative of a member	_
Kenneth L. Paretti/Esquire		
Typed or printed name of sig	gnec	
Page 3 of 3		
Filing Fee: \$25.00	n	