

L11000069020

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

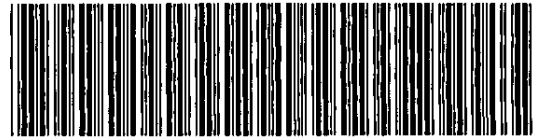
(Business Entity Name)

(Document Number)

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J. SAULSBERRY  
EXAMINER  
MAY 17 2013

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: MULTICONCEP SAS LLC**

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**HECTOR MANRIQUE**

Name of Person

**MULTICONCEP SAS LLC**

Firm/Company

**7713 NW 46 ST**

Address

**MIAMI, FLORIDA 33166**

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**HECTOR MANRIQUE**

Name of Person

at ( **305** ) **418 1585**

Area Code & Daytime Telephone Number

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MAY 16 2013  
CORPORATION DIVISION

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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 enclosed)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**MAILING ADDRESS:**  
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**

MULTICONCEP SAS LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 06/13/2011 and assigned Florida document number L11000069020.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

N/A

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

N/A

N/A

N/A

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

N/A

N/A

N/A

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 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent: N/A

New Registered Office Address: N/A

*Enter Florida street address*

N/A, Florida N/A

*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

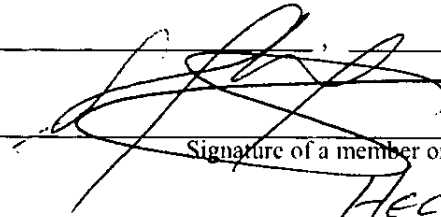
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	HECTOR MANRIQUE	7713 NW 46 ST	<input type="checkbox"/> Add
		MIAMI, FLORIDA 33166	<input checked="" type="checkbox"/> Remove
MGRM	MARIO GARCIA	7713 NW 46 ST	<input checked="" type="checkbox"/> Add
		MIAMI, FLORIDA 33166	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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DEPT. OF REVENUE  
 MIAMI, FLORIDA 33131  
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

I, HECTOR MANRIQUE SOLD THE 100% OF THE RIGHTS OF MULTICONCEP SAS LLC  
EIN 45-2516084 TO MARIO GARCIA IN THE AMOUNT OF \$1.00.  
BEGINNING ON 01/01/2013 BOTH PARTIES AGREETAHT ANY AND ALL INCOME,  
EXPENSRS AND RESPONSABILITIES MULTICONCEP SAS LLC CORRESPOND TO MARIO GARCIA

Dated \_\_\_\_\_

  
Signature of a member or authorized representative of a member  
Hector Manrique 04-12-13  
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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