

L11000069020

v

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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B. POSTICK

DEC - 2 2013

EXAMINER

**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:

**MARIO GARCIA**

Name of Person

**MULTICONCEP SAS LLC**

Firm/Company

**7713 NW 46TH ST**

Address

**MIAMI, FLORIDA 33166**

City/State and Zip Code

**ORTEGAARANGO@YAHOO.COM**

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

For further information concerning this matter, please call:

**MARIA ORTEGA**

Name of Person

at ( **786** ) **470 5133**

Area Code & Daytime Telephone Number

TALLAHASSEE  
2011 DEC -3 PM 1:06

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)

7713 NW 46TH ST  
MIAMI, FLORIDA 33166

**Enter new mailing address, if applicable:**  
(Mailing address MAY BE A POST OFFICE BOX)

7713 NW 46TH ST  
MIAMI, FLORIDA 33166

**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:**

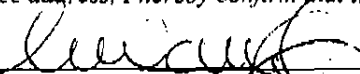
Name of New Registered Agent: MARIO GARCIA

New Registered Office Address: 7713 NW 46TH ST  
*Enter Florida street address*

MIAMI, Florida 33166  
*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

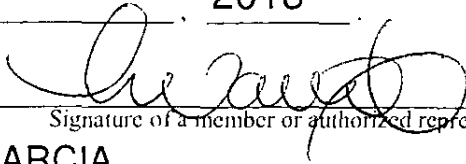
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
		N/A	<input type="checkbox"/> Add
		N/A	<input type="checkbox"/> Remove
		N/A	
		N/A	<input type="checkbox"/> Add
		N/A	<input type="checkbox"/> Remove
		N/A	
		N/A	<input checked="" type="checkbox"/> Add
		N/A	<input checked="" type="checkbox"/> Remove
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		N/A	<input type="checkbox"/> Add
		N/A	<input type="checkbox"/> Remove
		N/A	
		N/A	<input type="checkbox"/> Add
		N/A	<input type="checkbox"/> Remove
		N/A	

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

N/A

Dated 10/16

2013



Signature of a member or authorized representative of a member

MARIO GARCIA

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FALL 2013

2013 DEC -3 PM 1:06



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 4, 2013

MARIO GARCIA  
MULTICONCEP SAS LLC  
7713 NW 46TH STREET  
MIAMI, FL 33166

SUBJECT: MULTICONCEP SAS LLC  
Ref. Number: L11000069020

RECEIVED - 3 PM 11:06  
TALLAHASSEE, FLORIDA

We have received your document for MULTICONCEP SAS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Barbara Bostick  
Regulatory Specialist II

Letter Number: 713A00025596