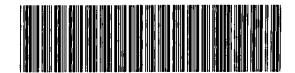
11000142799

(Re	equestor's Name)				
(Ad	dress)				
· (Ad	dress)				
. (Cit	y/State/Zip/Phon	e #)			
PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Nar	me)			
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					
	•				

Office Use Only



900215631699

01/03/12--01024--008 **25.00



D. BRUCE
JAN 0 5 2011
EXAMINER

COVER LETTER

TO:	Registration Sec Division of Corp		, ,				
SUBJI	ECT:	2point0 Co	oncepts, LLC				
		Name of Limited	Liability Company				
			,	•			
The en	closed Articles of A	mendment and fee(s) are submi	tted for filing.				
Please	return all correspon	dence concerning this matter to	the following:				
		Ar	mmar Laskarwala				
			Name of Person				
		· 2poi	int0 Concepts, LLC				
			Firm/Company				
		777 N A	Ashley Dr, Suite # 296	01			
			Address				
		т	ampa FL, 33602				
		. (City/State and Zip Code				
		ammar@	22point0concepts.co	m	2.5	2	
		•	e used for future annual report	nouncation)		Æ	
For fur	ther information co	ncerning this matter, please call:			SSEC	JAN -3	r
	. Amma	r Laskarwala	at (813)	426-4258	(F) (G) (F)	2	
	Name of I	Person	Area Code & Da	aytime Telephone Number	STATE STATE	8411:42	O
Enclose	ed is a check for the	following amount:		•	هد		
₹]\$25	.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is encl	losed) Certified	te of Stati		sed)
				•			

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

2POINT0	CONCEPTS, LLC		
(Name of the Limited Liability (A Florida Li	Company as it now appea imited Liability Company)	rs on our records.	
The Articles of Organization for this Limited Liability Co	ompany were filed on	12/21/2011	and assigned
Florida document numberL11000142799	_·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ed liability company her	<u>re</u> :	
	· ·	· · ·	
The new name must be distinguishable and end with the word "L.L.C."	ls "Limited Liability Compa	any," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:			元
Principal office address MUST BE A STREET ADDRI	ESS)		
			SE L
			me 🛬 🔟
Enter new mailing address, if applicable:			<u> </u>
Mailing address MAY BE A POST OFFICE BOX)			
	.,		<u>></u>
3. If amending the registered agent and/or registe registered agent and/or the new registered office addre		our records, <u>enter t</u>	he name of the nev
	•		
Name of New Registered Agent:			
New Registered Office Address:			
	En	nter Florida street add	ress
-		, 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 of Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

Address , <u>Title</u> <u>Name</u> Type of Action RAPHAEL, JÁSON **MGRM** 777 N ASHLEY DR SUITE 2901 \square Add **TAMPA FL 33602 US** ✓ Remove MGRM MOHAMMED, SHAABI 777 N ASHLEY DR ☐ Add Remove **TAMPA FL 33602 US** □Add Remove Remove $\prod Add$ Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dec 29th 2011 Dated Signature of a member or authorized representative of a member Ammar Laskarwala Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00