112000125713

Office Use Only



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COVER LETTER

Division of Corp	orations		
SUBJECT:	RE CO	NCEPTS, LLC.	
		ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	omitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	Jorg	e Wis GALLARO	<u>/o</u>
	,	Name of Person	
	RE	CANCEPTS LLC.	
		Firm/Company	
	/	/. 7 T II —	
	5421	NW 176 TH ST.	
		Address	
	Miami Gi	City/State and Zin Code	055
		City/State and Zip Code	
	ATCR	EACTY GIZOUP & C	aMAIL COM
	E-mail address: (to be used for future annual report noti	fication)
For further information con	cerning this matter, please ca	all:	
Topos Lilie	Callanda	TIALO 200	nn.U.
Jorge Wis	Person	at (<u>780)</u> <u>229-</u> Area Code Daytim	e Telephone Number
		•	•
Enclosed is a check for the	following amount:		•
\$25.00 Filing Fee	530.00 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

PE CONCEPTS (Name of the Limited Liability Con (A Florida Limit	S U.C ompany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comparing document number <u>L 12000125713</u> .	pany were filed on $10/02/2012$ and assigned	
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited li</u>		
ATC REALTY G2 The new name must be distinguishable and contain the words "Limited Li	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)		-
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	HAY 25 P	-
	d office address on our records, enter the name of the	- - new
registered agent and/or the new registered office address h	here:	
Name of New Registered Agent:		-
New Registered Office Address:		-
	Enter Florida street address	
	, Florida	•

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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person—being added or removed from our records:

MGR = Manager

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	HEISY HERRERA	5421 NW 176TH ST.	j≮ Add
	·	5421 NW 176TH ST. MIAMI GARDENS FL 330	S □ Remove
		·	☐ Change
			Add
			Remove
			☐ Change
			□ Remove
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n effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as								-		. •	_
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rument's effective date on the Department of State's records.											
	nument's effective o	ate on the Departme	ent of Stat	te's records							
	he 90th day aft	er the record is	filed.	.c, but in		CEIVE CITI	C, dt 12.0)	511 (1	ic carr	101 01
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Filing Fee: \$25.00