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## **COVER LETTER**

TO: Registration Sec Division of Corp	tion orations		·
SUBJECT:C ref	Name of Limit	Concepts LLC ed Liability Company	the land of the la
The enclosed Articles of A	amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
		Name of Person  Paury Concepts  Firm/Company	<u> </u>
		Firm/Company	<del></del>
	273 Bajure	st Neighbors Cr. Address	· .
	Osldudo, JPresleu 76	City/State and Zip Code  Condil, Com  o be used for future annual report notification	
			on)
For further information co	ncerning this matter, please ca	all:	
Joseph Name of	Person	at (407) 844-09 Area Code & Daytime Te	lephone Number
Enclosed is a check for the	e following amount:		
\$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	Cattified 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

(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	Creative Paver	Concrets	110			
Florida document number LINDODO ATC.  This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company here:  The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbrevia "LLC."  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)  B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Florida	(Name of the Limited Liability C (A Florida Lin	ompany as it now appears nited Liability Company)	on our records.)			
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New Registered Office Address:  Enter Florida street address , Florida			r records, <u>enter t</u>		of th	ie new
New Registered Office Address:  Enter Florida street address , Florida						
Enter Florida street address, Florida	Name of New Registered Agent:	·····		· · · · · · · · · · · · · · · · · · ·	<del></del>	<del></del>
	New Registered Office Address:	Enta	r Florida street add	brace.		
		Line		• 000		
	<del></del>	City	, Florida	Zip Co	de	

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 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 Title ' Address **Type of Action Name** MGR Joseph Presley 273 Baywest Nexhbis Cr. WAdd Remove Remove

amending any other it	iformation, enter change(s) here: (Attach additional sheets, if necessary.)
·	•
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1-4-13	· · · · · · · · · · · · · · · · · · ·
	Signature of a member or authorized representative of a member
	Joseph Presley
	Typed or printed name of signee

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Filing Fee: \$25.00