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nay 45 **(19)** T. MAMPTON

## **COVER LETTER**

TO: Registration Section **Division of Corporations** Concentire Development, 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: Amy Marie Vo, Esq. Name of Person St. Johns Law Group Firm/Company 509 Anastasia Boulevard Address St. Augustine, Florida 32080 City/State and Zip Code avo@silawgroup.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Amy Marie Vo, Esq. Enclosed is a check for the following amount:

□ \$55.00 Filing Fee &

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Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

## STREET/COURIER ADDRESS:

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(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CONCENTIRC DEVELOPMENT		
(Name of the Limited Liabil (A Florid	ity Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability (Florida document number L13000085433	Company were filed on 06/13/2013	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	sited liability company here:	
CONCENTRIC DEVELOPMENT, LLC		
The new name must be distinguishable and end with the words "L	imited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2014 TALI
(Principal office address MUST BE A STREET ADD	RESS)	<u> </u>
Enter new mailing address, if applicable:		R 28 PF
(Mailing address MAY BE A POST OFFICE BOX)		55 <b>75</b>
inaning dadress MATT BEAT TOST OF THE BOAY		20
B. If amending the registered agent and/or registered agent and/or the new registered office add		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Flor	ida
	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 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

$AMBR = A$ $\underline{Title}$	uthorized Member  Name	<u>Address</u>	Type of Action
			□ Add
			□ Remove
<del></del>			Add
			Remove
			□ Add
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			FILED 2014 APR 28 PM 2: 20 SECRETARY OF THE ORIDA
			APR 28 PH D'Remove D
			: 20 DATE ORIDA
			Add
			☐ Remove
			□ Add
		***************************************	☐ Remove

D.	f amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	•
E.	Effective date, if other than the date of filing:(optional)
	The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)
	$\frac{\text{April 24}}{\text{April 24}}$
	$\times$ /
	Signature of a member or authorized representative of a member
	Amy Marie Vo, authorized representative
	Typed or printed name of signee

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Filing Fee: \$25.00

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