

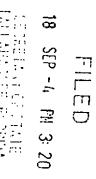
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## **COVER LETTER**

ro:	Registration Se Division of Cor			
SUBJE	Core Cond	epts, LLC		
		Name of Lim	ited Liability Company	
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		Deborah Lowry		
		-	Name of Person	
			Firm/Company	
		3621 W. Leona St.	Гинисопраду	
			Address	<del></del>
		Tampa, FL 33629		
			City/State and Zip Code	
		deborah@coreconceptsta	ampa.com to be used for future annual report notifi	
For furth	ner information c	oncerning this matter, please ca	•	caron
Debora	h Lowry		813 486-2733	
	Name of	f Person	at ()	Telephone Number
Enclosed	d is a check for th	ne following amount:		
,		□ \$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

Core Concepts, LLC		
(Name of the Lim	ited Liability Company as it now apper (A Florida Limited Liability Company)	ars on our records.)
The Articles of Organization for this Limited I		9/17/2013 and assigned
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name	of the limited liability company l	nere:
The new name must be distinguishable and contain the	words "Limited Liability Company," the	_
Enter new principal offices address, if appli	cable:	
Principal office address MUST BE A STRE	ET ADDRESS)	<b>三                                    </b>
		是 · 是 · ·
Enter new mailing address, if applicable:		ېن چوړې
Mailing address MAY BE A POST OFFICE	<u> </u>	<u> </u>
B. If amending the registered agent and registered agent and/or the new registered of	**	n our records, enter the name of the
Name of New Registered Agent:	Deborah Lowry	
New Registered Office Address:	3621 W. Leona St.	
	Enter Fl	orida street address
	Татра	, Florida <sup>33629</sup>
	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.

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

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Rachel Julia Luis		
		21933 Bell Lake Rd.	Remove
		Land O Lakes, FL 34639	
			□ Add
			Remove
			Change
			Remove
			Add 20 Remove
			☐ Change
<u> </u>			Add
			☐ Change
<del></del>		<del>1</del>	Add
			□ Remove
	•		Change

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	specifies a den day after th			not an effec	tive time, at 1	2:01 a.m. on	the earlier o
Augu	ıst 13		2018				
	<del>-</del>	00	<u> </u>	· · ·	′ _		

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Typed or printed name of signee

Filing Fee: \$25.00