U3000132148

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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2018 OCT 15 AH 9: 52

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October 20, 2018

LAUREL LUPCHO 350 HOLLY HILL RD OLDSMAR, FL 34677

SUBJECT: CORE CONCEPTS, LLC

Ref. Number: L13000132148

We have received your document for CORE CONCEPTS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the title (ambr, mgr, owner) of member listed on page 2 of application.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons Regulatory Specialist III

2018 OCT 31 AH II: 21

Letter Number: 018A00021524

COVER LETTER

Division of Cor			
SUBJECT:	e Corrects. L	15	
<u></u>	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Layres C	. Lypino	
		Name of Person	
			_
		Firm/Company	
	350 Holly Hil	II Rd.	
	Ö	Address	
	Oldanor Fu	-346m	
	i ancie » Co	City/State and Zip Code	~ (~.
	E-mail address: (to be used for future annual report notifi	cation)
For further information c	oncerning this matter, please ca	all:	
1 mical c	licha	S43, 310°	SOULL
Name o	f Person	at (5\5) 5\0 (Area Code Daytime	Telephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fee	☐ \$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

(Name of the Limited Liability (A Florida	Thomas	<u> </u>	
(A Florida	Limited Liability Com	nany)	
The Articles of Organization for this Limited Liability C		on 9/17/2013	and assigned
Florida document number L. 13000132149	5		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ited liability compa	ny here:	
The new name must be distinguishable and contain the words "Lim	ited Liability Company,	' the designation "LLC" or the a	nor an "L.L.C."
Enter new principal offices address, if applicable:			- <u> </u>
(Principal office address MUST BE A STREET ADDR	RESS)		
			<u> </u>
Dug			2. 生
Enter new mailing address, if applicable:			<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)			
		· · · · · · · · · · · · · · · · · · ·	
B. If amending the registered agent and/or registered agent and/or the new registered office additional and the new registered		s on our records, enter	the name of the new
the new jegistered office addi	ess nere.		
Name of New Registered Agent:			
New Registered Office Address:			
	Ente	r Florida street address	
		, Florida	
Now Designated Asset's Company of the size Designation	City		Zip Code
New Registered Agent's Signature, if changing Registered			
I hereby accept the appointment as registered agent of provisions of all statutes relative to the proper and confected agent in the proper and confected the obligations of my position as registered agong filed to merely reflect a change in the registered company has been notified in writing of this change.	omplete performand ent as provided for	e of my duties, and I am f in Chapter 605, F.S. Or,	amiliar with and if this document is
	If Changing Register	ed Agent, <u>Signature of New Re</u>	gistered 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
ouner	Laurel C. Wigeto	350 Holly Hill Rd. Older 1967	Add
			□ Remove
			Change
 			
			□ Remove
			Change
			Remove
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ctive date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing or n	(optional)
If the date inserted in this block does not meet the applicable statutory filir	ng requirements, this date will not be listed
iment's effective date on the Department of State's records.	
acord energifies a delayed offective date. But act as effective	time of 13:01 and on the coding
ecord specifies a delayed effective date, but not an effective see 90th day after the record is filed.	time, at 12.01 a.m. on the earner
•	
1 Detax 1 2018	
A NON AND -	
Signature of a member of authorized regresentative	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00