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T. Burch JULAN 2011

COVER LETTER

TO: Registration S Division of Co			•
SUBJECT:	-nnovativeath Name of Limit	leficiencepts, and Liability Company	CC
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Kenr	Name of Person	ely.
		Firm/Company	
	408-	1 Brewster Pd Address	
		Address	
	TALL	ahossee, Fi. 3	32308
	E-mail address: (1	City/State and Zip Code Lely 3 Exchoose to be used for future annual report notific	or Con cation)
For further information	concerning this matter, please ca	all:	
<u> </u>	Creely of Person	at (407) 715. Area Code Daytime	7391 Telephone Number
Enclosed is a check for t	he 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 Compar (A Florida Limited L	1cconce of ucc. Print is it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>214600049613</u>	were filed on $\frac{3}{24/14}$ and assigned $\frac{3}{24/14}$
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liabi Through the All Elec	lity company here: CONCEPTS, LLC
The new name must be distinguishable and end with the words "Limited Liabi Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	1755 -B Power Hill Ct. TALLAHASSEE, Fr. 32301
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PO BOX 16346 TALLAMOSER, FC 32317
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent: New Registered Office Address: 275	ineth Creely 55-B PowerMidct Enter Florida street address
New Registered Agent's Signature, if changing Registered Agent:	City, Florida 32301 Zip Code

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. Thereby confirm that the limited liability company has been notified in writing of this change.

If Changing Degistered Agent, Signature of New Registered Agent

Page 1 of 3

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:

MGR = Ma $AMBR = Au$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
MBR	Karen Bookholt	4087 Brewster Roll Callathasort Re.	_ _□ Add
		Callahouser R.	Remove
		33300)
AMBR	Patty CREELY	10880 Truyeum Pe Summarfield PL	/. □ Add
		Summarfield PL	Remove
		344	9/
AMBR	Levini VASQUEZ	2755-B Povermill ct	□ Add
	•	- Callangoske, Fro	Remove
		32301	
			□ Remove
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