114000095740

(R	equestor's Name)
(A	ddress)
(A	ddress)
(C	Sity/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(B	Business Entity Name)
(C	Occument Number)
Certified Copies	Certificates of Status
Special Instructions to	o Filing Officer:
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	Office Use Only



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AUG 2 7 2018 S. PRATHER



August 7, 2018

MELVI CONCEPCION CONCEPCION ENTERPRISES LLC 8330 N.W. 7TH STREET., APT 147 MIAMI, FL 33126

SUBJECT: CONCEPCION ENTERPRISES LLC

Ref. Number: L14000095740

We have received your document for CONCEPCION ENTERPRISES LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA CORPORATION, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

If you have any questions concerning the filing of your document, please call (850) 245-6900.

Letter Number: 918A00016261

Stacy Prather Regulatory Specialist III

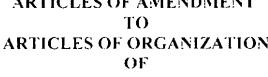
CGVER LETTER

CONCEPCION ENTERPRISES LLC Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for tilling. Please return all correspondence concerning this matter to the following: MELVI CONCEPCION Name of Person CONCEPCION ENTERPRISES LLC Firm/Company 8330 NW 7TH STREET, APT 147	
Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for tilling. Please return all correspondence concerning this matter to the following: MELVI CONCEPCION Name of Person CONCEPCION ENTERPRISES LLC Firm/Company	
Please return all correspondence concerning this matter to the following: MELVI CONCEPCION Name of Person CONCEPCION ENTERPRISES LLC Firm/Company	
Name of Person CONCEPCION ENTERPRISES LLC Finn/Company	
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CONCEPCION ENTERPRISES LLC Finn/Company	
Firm/Company	
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8330 NW 7TH STREET, APT 147	
0000 mm mm mm m m m m m m m m m m m m m	
Address	
MIAMI, FL 33126	
City/State and Zip Code CONCEPENTERPRISES@GMAIL.COM	
F-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
MELVI CONCEPCION 786 414-4731	
Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee & Certificate of Status Continued Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	atus &

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tatlahassee, 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



CONCEPCION ENTERPRISES LI	_C	•
(Name of the Limited	Liability Company as it now appears on our records,) Florida Limited Liability Company)	
(^	A Fronda Limited Liability Company)	
The Articles of Organization for this Limited Liab	pility Company were filed on 06/16/2014	and assigned
Florida document number £14000095740		
This amendment is submitted to amend the follow	ring:	
A. If amending name, enter the new name of t	he limited liability company here:	
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicab	ole:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
		- ,
(Mailing address MAY BE A POST OFFICE BO	<u>///</u>	
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, <u>er</u> e <u>e address here</u> :	nter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	a
	Cin	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.

Cin

If 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>	<u>Address</u>	Type of Action
MGR	ALFREDO SANCHEZ PEREZ	8330 N.W. 7 ST, 147	
		MALARAI EL 22126	
		MIAMI, FL 33126	■ Remove
			☐ Change
			□ Remove
			☐ Change
			☐ Remove
			☐ Change
		□ Add	
		Remove	
			Change
			□ Remove
		☐ Change	
	N. A. C.		
			☐ Remove
			Fl Change

f amending any other information, enter change(s) here: (Attach additional sheets, if n	eccssary.)
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ffortive data if other than the date of filings	ntional)
ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days a ote: If the date inserted in this block does not meet the applicable statutory filing requirements, ocument's effective date on the Department of State's records.	fler filing.) Pursuant to 605,020 this date will not be listed a:
procord specifies a delayed effective date, but not an effective time, at 12:0	1 a.m. on the earlier o
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The 90th day after the record is filed.	بيم (ن
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The 90th day after the record is filed. ated	ري ري ري ري ري

Page 3 of 3

Filing Fee: \$25.00