

10/7/2020

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H20000349547 3)))



H200003495473ABC1

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:  
Division of Corporations  
Fax Number : (850)617-6383

From:  
Account Name : SOUSA & ASSOCIATES INC  
Account Number : I20190000111  
Phone : (407)800-7028  
Fax Number : (407)992-9407

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

RECEIVED

2020 OCT -7 PM 1:30

SECRETARY OF STATE

2020 OCT -7 PM 1:30

SECRETARY OF STATE

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
CONCEPT DESIGN LE LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help  
SULKEP  
OCT 08 2020

COVER LETTER

TO: Registration Section  
Division of Corporations

H2 0000349547 3

SUBJECT: Concept Design LE 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:

Maria C Sousa

Name of Person

Sousa & Associates

Firm/Company

5728 Major Blvd Ste 309

Address

Orlando / FL 32819

City/State and Zip Code

info@sousanassociates.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maria C Sousa

1407 840-7428  
Area Code Daytime Telephone Number

Name of Person

Enclosed is a check for the 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 Address:  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

H2 0000349547 3

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

H20000349547 3

Concept Design LE LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 05/01/2015 and assigned  
Florida document number: L15000077594

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: 2100 Orinoco Dr Ste 172 Orlando/FL 32837

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: 2100 Orinoco Dr Ste 172 Orlando/FL 32837

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: Alexandre Fraga

New Registered Office Address: 2100 Orinoco Dr Ste 172

Enter Florida street address

Orlando FL, Florida 32837  
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

H20000349547 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

H20000 349547 3

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Fraga, Alexandre	2100 Orinoco Dr Ste 172 Orlando/FL 32837	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Eliseu, Luciana Goncalves	2100 Orinoco Dr Ste 172 Orlando/FL 32837	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Porto, Emily Bastos	2100 Orinoco Dr Ste 172 Orlando/FL 32837	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

H20000 349547 3

H2 0000 349547 3

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

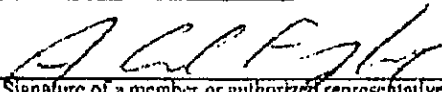
\_\_\_\_\_

\_\_\_\_\_

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated October 06, 2020

  
Signature of a member or authorized representative of a member

Alexander Fraga  
Typed or printed name of signer

H2 0000 349547 3