Division of Corporations Electronic Filing Cover Sheet

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(((H21000374493 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

Account Name : SOUSA & ASSOCIATES INC

Account Number : I20190000111

Phone : (407)800-7328 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	:
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Corporate Filing Menu

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Page: 8 10/6/2021 11:42 AM TO:18506176383 FROM:3215598192

COVER LETTER

	Registration Section Division of Corpor		H21000	374493 <u>=</u>
eun me	CONCEPT DE			77 75
SUBJEC	CT;	Name of Limited Liability Co	empany	
The enclo	osed Articles of Am	endment and fee(s) are submitted for filit	g.	
Please re	turn all corresponde	nce concerning this matter to the followin	ıg:	
		Maria C Sousa		
		Name of	Person	
		Sousa & Associates Inc		
		Finu/Co	mpany	
		5728 Major Blvd, Ste 309		
		Addr	DSS	
		Orlando, FL, 32819		
		City/State an	1 Zip Code	
	1	nfo@sousaacc.com		
	-	E-mail address: (to be used for fu	ture annual report notification)	
For furth	er information conc	erning this matter, please call:		
Maria C	Sousa	40° at (_)	
	Name of Pe	son Area	Code Daytime Telephone Number	

421 000 37 44 93 3

Page: 10 10/6/2021 11:42 AM TO:18506176383 FROM:3215598192

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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(Name of the Limited Liability Compa (A Florida Limited)	ay as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number L15000077594 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liab	were filed on 05/01/2015 and assigned
The new name must be distinguishable and contain the words "Limited Liabi	il ty Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	8687 W Irlo Bronson Memorial Hwy Unit # 102
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Kissimmee, FL, 34747
Enter new mailing address, if applicable:	8687 W Irlo Bronson Memorial Hwy Unit # 102
· · ·	Kissimmee, FL, 34747
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, enter the name of the new registere
New Registered Office Address:	* 2
	Enter Florida street address
	City Zip Code 1
New Registered Agent's Signature, if changing Registered Agent;	6 6 6 C
New Registered Agent's Signature, if changing Registered Agent; I hereby accept the appointment as registered agent and agricing provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office	ree to act in this capacity. I further agree to comply with to performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is

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Page: 12 10/6/2021 11:42 AM TO:18506176383 FROM:3215598192

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

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Title	Name	Address	Type of Action
AMBR	ELISEU, LUCIANA GONCALVE	8687 W Irlo Bronson Memorial Hwy Unit # 102	🗆 Add
		Kissinanee, FL, 34747	□Remove
			Change
MGR	PORTO, EMILY BASTOS	8687 W Irlo Bronson Memorial Hwy Unit # 102	□Add
		Kissinnnee, FL, 34747	□Remove
			= Change
MGR	FRAGA, ALEXANDRE	8687 W Irlo Bronson Memorial Hwy Unit # 102	∐Add
		Kissimmee, FL, 34747	□Remove
			🗆 Add
			□Remove
			Change
			□Add
			□Remove
			Change
			🗆 Add
			[]Remove
			□ Change

Page: 14 10/6/2021 11:42 AM TO:18506176383 FROM:3215598192

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<u>Note:</u> If the date inserted in this bloc locument's effective date on the Dep	se specific and cannot be prior to cate of filing ik does not meet the applicable statutory	nling requirements, this date t	will not be listed as	tne
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