L16000229578

(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Nam	e)
(Do	ocument Number)	
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Contents Concepts 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:
James Tomlinson Name of Person Contents Concepts LLC Firm/Company
Contents Concepts LLC Firm/Company
5243 NE 14th Terrace
Pompano Bch FL. 33064 City/State and Zip Code Limee 62@ be//sou the net E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
James Tomlinson at (954) 234-7850 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$55.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed) \$\Bigcup \$25.00 Filing Fee & 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



Contents Concepts LCC

(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 <u>Pec. 20 th</u> <u>2016</u> and assigned Florida document number <u>L16000229578</u>.

This amendment is submitted to amend the following:

A.	If amending	g name,	enter t	he new	name (of the	limited	liability	company	here:

The new name must be distinguishable and contain the words "Limited Liab	ility Company." the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
F. 4		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered		ecords, enter the name of the new
registered agent and/or the new registered office address he	<u>re</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stree	t address
		. Florida
	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

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 **Type of Action** <u>Address</u> Title Name Clayton Pluff 3303 NW 47 Ave - Add Coconut Creek, FL 33063 □ Change □ Add ☐ Remove ☐ Change ☐ Remove _□ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove

☐ Change

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te: If the date insert	ed in this block does	not meet the applic	able statutory filing r	than 90 days after fili equirements, this da	ng.) Pursuant to 605.0207 ate will not be listed as
rument's effective da	te on the Departmen	it of State's records			
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Filing Fee: \$25.00