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SECRET

D. SCOTT

COVER LETTER

TO:	Registration Se Division of Cor		A CO. Company Co.	~.
SUBJE	Open Conc	ept LLC		••
501301		Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Ruth Guiter-Shuman		
			Name of Person	
		Open Concept LLC		
	Firm/Company			
		427 Landing Blvd Unit B		
			Address	
		Paim Coast, Fl 32164		
			City/State and Zip Code	
		ruthster38@aol.com		
		E-mail address: (to be used for future annual report notifi	cation)
For fur	ther information c	oncerning this matter, please c	all:	Telephone Number
Ruth C	uiler-Shuman		386 283-2346	
Enclose		f Person ne following amount:		Telephone Number 22 35
	5.00 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

Open Concept LLC		
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C	Company were filed on 02/13/2017	and assigned
Florida document number L17000033982	<u></u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		, . 1A**
B. If amending the registered agent and/or regis	stered office address on our records, <u>e</u> n	iter the name of the new
registered agent and/or the new registered office add	lress here:	200
		題第四
Name of New Registered Agent:		-
New Registered Office Address:		Mg a D
	Enter Florida street address	TEO 72
	, Florida	3
	City	Zīp 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
Mr	Andrew S Guiler-Shuman	448 S Ridgewood Avenue Ormond	Add
			■ Remove
			☐ Change
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			☐ Remove
			☐ Change
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ffective date, if other an effective date is listed ote: If the date insert ocument's effective date	the date must be specifed in this block does	ic and cannot be prior to not meet the applicab	date of filing or more t le statutory filing re-	(optiona han 90 days after filin quirements, this dat	一级型。而
e record specifies The 90th day afte	a delayed effecti er the record is fi	ve date, but not led.	an effective time	e, at 12:01 a.m	. on the earlier of:
ated April 7th	Rut	2017 Link	- Akun	ran	
	Signature	of a member or authori	zed representative of a	member	

Page 3 of 3

Filing Fee: \$25.00