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		1 <u>:</u>
(Re	equestor's Name)	,
(Ac	idress)	
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(Ci	ty/State/Zip/Phone	; #)
PICK-UP	☐ WAIT	MAIL
(Bo	usiness Entity Nan	ne)
(De	ocument Number)	<u> </u>
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	<u> </u>
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	Office Use On	ly ·



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COVER LETTER

	ration Section of Corpo				
	ME CONCI	EPTS LLC			
SUBJECT:		Name of Lim	ited Liability Co	npany	
The enclosed A	rticles of Ai	nendment and fee(s) are sub	mitted for tiling	,	
Please return all	l correspond	ence concerning this matter	to the following	 	
		WILLIAM DOUGLAS M	UIR		
			Name of l	erson	
			Firm/Cor	many	
		3855 STEWART AVE			
			Addre	ss	-
		MIAMI FL 33133			
			City/State and	Zip Code	
		wdmuir@gmail.com	to be used for fut	uje annual report not	iteman)
For further info	rmation con-	cerning this matter, please co		de amear report not	incare,
DOUGLAS MU	ЛR		305	6088954	
	Name of P	erson		Code Daytin	ne Telephone Number
Enclosed is a ch	eck for the	following amount:			
≅ \$25.00 Filin	ig Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 F Certified (additional)		☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Registrati Division of P.O. Box	G ADDRESS: on Section of Corporations 6327 ee. FL 32314		STREET/COUR Registration Section Division of Corpor Clifton Building 2661 Executive C Tallahassee, FL 3	on orations enter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

filed on March 23, 2017 and assigned
ompany here:
npany," the designation "LLC" or the abbreviation "L.L.C."
<u> ~ > 2</u>
Enter Florida street address
Florida
ity Zip Code
act in this capacity. I further agree to comply with the rmance of my duties, and I am familiar with and led for in Chapter 605, F.S. Or, if this document is ess. I hereby confirm that the limited liability

MGR = N	lanager		
$\mathbf{AMBR} = \lambda$	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	GEORDIE M MACLEOD	129 CHEVENING ROAD	
		LONDON, UK NW66DX	■ Remove
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f amending any other in	ormation, enter	change(s) here:	(Attach additional sheets, if necessary.)	
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ffective date, if other tha	in the date of fili	ng:	(optional) date of filing or more than 90 days after filing.) Pursu	
	this block does not	t meet the applicab	date of filing or more than 90 days after filing.) Pursule statutory filing requirements, this date will no	
e record specifies a de The 90th day after th			an effective time, at 12:01 a.m. on th	e earlier o
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ated		2017		
	<i></i>	<i></i>		
	Signature of	a member or authorize	red representative of a member	
iw:	lliam	Pountai	Mair, Resident Agen	ŀ
	,	Typed or printed	name of signee	<u>. </u>
		Page 3	ofi3	

Filing Fee: \$25.00