## 1170002144434

| (Requestor's Name)                      |
|---|
|   |
| (Address)                               |
|   |
| (Address)                               |
| , ,                                     |
| (City/State/Zip/Phone #)                |
| (onyotato/zip/ none #)                  |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
|   |
| Certified Copies Certificates of Status |
|   |
|   |
| Special Instructions to Filing Officer: |
|   |
|   |
|   |
|   |
|   |
|   |
|   |

Office Use Only



900306349289

12/11/17--01005--012 \*\*60.00

7 DEC 11 PH IE: 22

## **COVER LETTER**

| Division of Corporations  |
|---|
| SUBJECT: CONCEPT CondSCORT COMPANY  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:   |
| Twitte Cimcington   |
| Coxcept landscare + lawn Struces, LCC   |
| 12-335 Binannan Blud-<br>Address  |
| Orliand 15 30524  |
| E-mail address: (to be used for future annual report notification)  |
| For further information concerning this matter, please call:  |
| Name of Person V at (321) 946-7599  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 \$\Bigcup \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |

MAILING ADDRESS:

TO:

Registration Section

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**

| Concept Landscope   | + Lawn Dervices 170  |
|---|--|
| (Name of the Limited Liability Compa<br>(A Florida Limited I  | ny as it now appears on our records.) Liability Company)             |
| The Articles of Organization for this Limited Liability Company Florida document number 1700 2 44 4 30 This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company and the limited liability company and the limited liability company. |  |
| The new name must be distinguishable and contain the words "Limited Liabil  | lity Company," the designation "L.L.C." or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable:   | 12338 Bohannon Blud  |
| (Principal office address MUST BE A STREET ADDRESS)   | Ochando, Fr 32824  |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  | 12338 Bungpoon Blud.<br>Octando, Fi 32824                            |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here   |  |
| Name of New Registered Agent:   | ette Concepción  |
| New Registered Office Address: 123  | Enter Florida street address   |
| 0,1   | City Florida 32821   |
| 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.

|  | MGR = Manager AMBR = Authorized Member |  |                      |               |                |  |
|--|--|--|----------------------|---------------|----------------|--|
| <u>Title</u>                           | <u>Name</u>                            |  | Address              |               | Type of Action |  |
| Ownel                                  | Ivelte                                 | Concepa                                      | um 12338<br>Octondo, | Buhami        | 13) ud.        |  |
|  |  | ·  | Orinda,              | F2325         | <u> </u>       |  |
|  |  |  |                      |               | □ Change       |  |
|  |  |  |                      |               | Add            |  |
|  |  |  |                      | . <del></del> | Remove         |  |
|  |  |  |                      |               | Change         |  |
| ************************************** |  | **   |                      |               | Add            |  |
|  |  |  |                      |               | □ Remove       |  |
|  | <del></del>                            |  |                      |               | Add            |  |
|  |  |  |                      |               | Romove         |  |
|  |  |  |                      |               | Change         |  |
|  |  |  |                      | <del> </del>  |                |  |
|  |  |  |                      |               | □ Remove       |  |
|  |  |  |                      |               | Change         |  |
|  |  | <u>.                                    </u> |                      |               | □ Add          |  |
|  |  |  |                      |               | □ Remove       |  |
|  |  |  |                      |               | □ Change       |  |

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

or removed from our records:

| _                         |  |
|---------------------------|--|
| -                         |  |
| _                         |  |
| _                         |  |
|                           |  |
|                           |  |
| -                         |  |
| -                         |  |
| -                         |  |
| -                         |  |
| •                         |  |
|                           |  |
| -                         | *  |
| -                         |  |
| -                         |  |
|                           |  |
|                           |  |
| (If an ef<br><u>Note:</u> | tive date, if other than the date of filing:   |
|                           | cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed. |
| Dated                     | December 11. 2017  |
|                           | Signature of a member or authorized representative of a member   |
|                           | trette Corcepción  |

Page 3 of 3

Filing Fee: \$25.00