U8000 26550

(R	Requestor's Name)	
(A	address)	
A)	address)	_
(0	City/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(E	Business Entity Nam	e)
(C	Ocument Number)	.
certified Copies	Certificates	of Status
Special Instructions to	o Filing Officer:	

Office Use Only



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COVER LETTER

TO:	Registration Se Division of Cor	ction porations					
-		eptual Works LLC					
SUBJEC	Г:	Name of Lim	ited Liability Company				
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please ret	urn all correspo	ndence concerning this matter	to the following:				
		Nicholas Jones					
			Name of Person				
		Jones Conceptual Works I	JLC				
			Firm/Company				
		13051 S.W. 260 st				4	
		***************************************	Address			∞ ~:	
		Homestead, Fl 33032				N5V -2	FILED
			City/State and Zip Code	····			[1]
		Nickj@conceptualworks.co			<u> </u>	<u>₹</u>	\bigcirc
For furthe	er information c	E-mail address: (oncerning this matter, please c	to be used for future annual report notifi all:	cation)	AND A	8: 12	
Nicholas			504 319 - 8 266		_		
	Name o	f Person	Area Code Daytime	Telephone Number			
Enclosed	is a check for th	ne following amount:					
□ \$25.0	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Fil Certificat Certified (additional	te of Stati Copy		

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

Jones Conceptual Works LLC		
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our records. ited Liability Company))
The Articles of Organization for this Limited Liability Com	pany were filed on 01/30/2018	and assigned
lorida document number L18000026550		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited	liability company here:	
Conceptualworks LLC		
he new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		4
•		<u>2</u> 2 ∞
<u>Principal office address MUST BE A STREET ADDRES</u>	<u> </u>	
		<u> </u>
		2 - Z
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		> N
3. If amending the registered agent and/or registere egistered agent and/or the new registered office address		enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flo	rida
	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

It 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>	<u>Address</u>	Type of Action
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			□ Add
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ective date, if other that	the date of filing:	(optional)
e: If the date inserted in t	he Department of State's records.	iling requirements, this date will not be listed a
record specifies a del he 90th day after the	ayed effective date, but not an effectiv record is filed.	re time, at 12:01 a.m. on the earlier
ed October 9	2018	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00