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COVER LETTER

	NCEPT LLC		
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of	Name of Limited Liability Company mendment and fee(s) are submitted for filing. fence concerning this matter to the following: ANGELA PEREZ Name of Person A CAMI PARALEGAL SERVICES LLC Firm/Company 20651 SW126 AVENUE Address MIAMI, FLORIDA 33177 City/State and Zip Code angelacami@ acamiparalegalservices.com I:-mail address: (to be used for future annual report notification) neerning this matter, please call: 205		
Please return all correspo	ondence concerning this matter	to the following:	
	ANGELA PEREZ		
	A CAMI PARALEGAL SE		
	20651 SW126 AVENUE	Firm/Company	
	MIAMI, FLORIDA 33177	Address	
		lservices.com	eation)
For further information (eation)
ANGELA PEREZ		at ()	
Name c	if Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25,00 Filing Fee			

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

LEAF CONCEPT LLC (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 OCTOBER 8, 2018 Florida document number 1.18000237621 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: A CAMEPARALEGAL SERVICES LLC Name of New Registered Agent: 20651 SW 126 AVENUE New Registered Office Address: Enter Florida street address _. Florida | 33177 | Zip Code MIAMI

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. Thereby confirm that the limited liability company has been notified in writing of this change.

City

Signature of New Registered Agent If Changing Neglsk

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
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