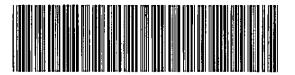
## L18000246570

Office Use Only



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## **COVER LETTER**

	ision of Cor		, see a	
SHRIEZT.	F&F CON	CEPT LLC		
SOBJECT.		Name of Lin	nited Liability Company	
ent .				
The enclosed	l Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		Federico J Wulff		
			Name of Person	
		F&F CONCEPT LLC		
			Firm/Company	
		307 Lakeview Dr, Apt 204	ı	
			Address	
		Weston, Florida, 33326		
		•	City/State and Zip Code	·····
		fyfconcept@gmail.com		
			to be used for future annual	report notification)
For further in	iformation c	oncerning this matter, please c	all:	
Federico J W			305 29	75826
Name of Person		Area Code	Daytime Telephone Number	
Enclosed is a	check for th	ne following amount:		
■ \$25.00 F		□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee a Certified Copy (additional copy is enc	Certificate of Status &
	ling Addres		Street A	
	gistration S ision of C	section orporations	<del>-</del>	ation Section of Corporations
D11		- Portutions	1.71 1310	n or corporations

P.O. Box 6327 Tallahassee, FL 32314 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION R ARTICLES ORGAN

F&F 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 Florida document number L18000246570	Company were filed on 10/19/2018	and assigned			
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the li	mited liability company here:				
The new name must be distinguishable and contain the words "I.	imited Liability Company," the designation "L	LC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	N/A				
(Principal office address MUST BE A STREET ADI	DRESS)				
Enter new mailing address, if applicable: $\sim$ (Mailing address MAY BE A POST OFFICE BOX)					
B. If amending the registered agent and/or register agent and/or the new registered office address here		er the name of the new register			
Name of New Registered Agent:					
New Registered Office Address:	S 20				
	Enter Florida street address				
	Cin	Florida			
	( tig.	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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = MAMBR = A	Aanager Authorized Member	21 OCT -1 PM 3: 17	
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Fabiana Marquina	307 Lakeview Dr. Apt 204	□ Add
		Weston, Fl 33326	■Remove
			□Change
AR	Fabiana Marquina	307 Lakeview Dr. Apt 204	■Add
		Weston, FI 33326	□Remove
			Change
			□Add
			□Remove
			□Change
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fective date, if other than the date of filing in effective date is listed, the date must be specific and other. If the date income distributed in the date of the date is specifically be specificable and others.	annot be prior to de	ate of liling or more the	(optic	onal)	L. 405 00
net in the date inserted in this block does not me	eet the applicable	statutory filing requ	irements, this	date will not	be listed:
cument's effective date on the Department of St	ate's records.				
ecord specifies a delayed effective date, but not a is filed.	n effective time,	at 12:01 a.m. on the	earlier of: (b)	The 90th da	y after th
· ···					
ted September 17th	2021				
	·	<b>a</b>			
	Julius.	de l'hall			
Signature/of a m	ember or authorite	frepresentative of a n	ember		_
~ /	- / -				