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COVER LETTER

TO: Registration So Division of Cor			
SUBJECT:	Concord Design	S U (lited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Valery £	Sronstem Name of Person	
	Blue Paln	n Advisors LUC Firm/Company	
	_3250 NE	1St Ave Suite	302
	<u>Hiami</u> , Fl <u>v. bropstein</u>	City/State and Zip Code Cblepalmadvisors. (a) to be used for future annual report notions.	om
For further information c	E-mail address: (oncerning this matter, please ca		fication)
Valery B	ronstein Person	at (<u>305</u>) 502	4213 e Telephone Number
Enclosed is a check for the	ne following amount:		
\$\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Concord Designs LLC	<u></u>
(<u>Name of the Limited Liability Company as i</u> (A Florida Limited Liabilit	t now appears on our records.) y Company)
The Articles of Organization for this Limited Liability Company were Florida document number <u>1.18000251857</u> . This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability of	ompany here:
The new name must be distinguishable and contain the words "Limited Liability Con-	npany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	24
(Principal office address MUST BE A STREET ADDRESS)	
	23 1
	7. C. K.
Enter new mailing address, if applicable:	<u>်</u> က်
(Mailing address MAY BE A POST OFFICE BOX)	27
B. If amending the registered agent and/or registered office address agent and/or the new registered office address here:	ss on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Fiorida street address
	Florida
C)	ty 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

If amending Aarhorized 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
HGR	Valery Brosntein	2830 Palmer Dr	□ Add
		Hollywood FL 33021	Memove
			□Change
MGR	Veronica Mishaan	90 Fronklin Street 55	🌣 Add
		Hew York, NY 10013	□Remove
			□Change
			□Remove
			□Change
			□Add
			□Remove
			□Change
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If an effect Note: If	e date, if other than the date of filing: 7/1/202 (optional) tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,020 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed at it's effective date on the Department of State's records.
e record s rd is filed	specifies a delayed effective date, but not an effective time, at 42:01 a.m. on the earlier of: (b) The 90th day after the f.
Dated	7/17/24
	Signature of a member or authorized representative of a member
	Valery Brashem Typed or printed name of signec