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COVER LETTER

	gistration Sec vision of Corp			
SUBJECT:		J CONCEPTS Name of Limit	LLC ited Liability Company	
The enclose	d Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please retur	n all correspon	dence concerning this matter	to the following:	
		Lee A	Name of Person	
			repts UC Firm/Company	
		<u>14010 oa</u>	k Ridge DR Address	<u> </u>
		Dovie, FL	33325 City/State and Zip Code	
		Conscious Re E-mail address: (t	o be used or future annual report noti	fication)
For further i	nformation co	ncerning this matter, please ca	ill:	
Lee	A (Koby Name of	Person	at (<u>954</u>) <u>608</u> - Area Code Daytim	- 6 108 ne Telephone Number
Enclosed is	a check for the	following amount:		
딸 \$25.00 I	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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LAJ CONCEPTS	LLC	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Jability Company)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on $11/27/2018$ and ass	signed
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L	.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	- 7	
	<u>, </u>	
Enter new mailing address, if applicable:		•
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	ffice address on our records, enter the name	of the new
Name of New Registered Agent:		<u>·</u>
New Registered Office Address:	Esta Elaita anno 11	
	Enter Florida street address	
	, Florida	

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 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
CEO	Lee Alkoby	14010 Oak Ridge DR	Add
		Davie FL 33325	□ Remove
			Change
CEO	Jordan Bensimon	1641 Sw 106 terr	Add
		Davie Fl 33324	☐ Remove
			Change
			Add
			Change
			🗀 Add
			Pemove
			Change
	<u> </u>		
			Remove
			Change
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ective date, it other than effective date is listed, the date	the date of filing:	(optional) ng or more than 90 days after filing.) Pursuant to 605.0.
<u>te:</u> If the date inserted in th	is block does not meet the applicable statutor the Department of State's records.	y filing requirements, this date will not be listed
unant seriective date on h	e Department of State 8 feeding.	
record specifies a dela	ved effective date, but not an effec	tive time, at 12:01 a.m. on the earlier
he 90th day after the	record is filed.	tive time, at 12.01 d.m. on the earner
ed <u>December</u>	4th 2018	
	$\cap \lambda_{\tau}$	
. `	S(gna)ure of a member or authorized represe	ntative of a member
	an Bensiman Typed or printed name of sig	

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Filing Fee: \$25.00