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COVER LETTER

Division of Corporations	
SUBJECT: New Miamie of Lin	CONCEPTS UC
The enclosed Articles of Amendment and fee(s) are sub- Please return all correspondence concerning this matter	
<u>Cibel</u>	e A. Arrechea Name of Person
New h	rami Concepts UC
20225	NE 31th CT #2119
E-mail address:	City/State and Zip Code
For further information concerning this matter, please of	` ,
Name of Person	at (786) 389 0330 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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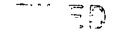
Registration Section

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 2019 CCT 16 PM 4: L1 .iability Company as it now appears on our records.)
Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on _______ Florida document number 11900 11 04 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 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: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida City

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> Name <u>Address</u> Type of Action _🗀 Add □ Remove _____ Change DbA □ _____ □ Remove _ Remove _____ Change _□ Add _□ Remove _____ Change _____ □ Remove _□ Change _□ Remove

_□ Change

					
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ective	date, if other than the date of filing we date is listed, the date must be specific and	g:		(optional)	
<u>te:</u> If t	he date inserted in this block does not n	nect the applicable	statutory filing req	iirements, this date v	Pursuant to 605,02 will not be listed
ument'	's effective date on the Department of S	State's records.			
record	d specifies a delayed effective o	date, but not a	n effective time.	at 12:01 a.m. o	n the earlier
	th day after the record is filed.				
ted	Oct 10	2019			
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