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Office Use Only



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SECRETARY OF STATE

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COVER LETTER

TO: Registration Se Division of Cor	porations •		
SUBJECT:	Concentric C	onsignments L.L.C	,
	Name of Lim	on Signments L.L.C	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Earl	Williams Name of Person	
	Concentric	Consignments L.L.	. ζ.
	1070 Montg	omery Rd. Ste 20) 9 ,2
	Altamonte	Springs FL 327 City/State and Zip Code	114
	Contact Q E-mail address: (Sell Land Swiftly. com to be used for future annual report notifi	lication)
For further information c	oncerning this matter, please ca	all:	
Earl Wi	lliams f Person	at (<u>407</u>) <u>205 -</u> Area Code Daytime	8831 e Telephone Number
Enclosed is a check for th	nc following amount:		
X \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		Street Address: Registration Sec	ction
Division of C	forporations	Division of Cor	porations
P.O. Box 632	./	The Centre of T	allahassee

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Concentric Consig	inments L.L.C.	
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our rec Limited Liability Company)	ords.)
he Articles of Organization for this Limited Liability Co	ompany were filed on October	4th 2019 and assigned
orida document number <u>L19000251216</u>	<u>_</u> .	
nis amendment is submitted to amend the following:		
. If amending name, enter the new name of the limi	ted liability company here:	
Concentric Concepts ne new name must be distinguishable and contain the words "Limi	Trading LLC	.I.C" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
• •	ECC)	
rincipal office address MUST BE A STREET ADDR	<u> </u>	<i>c</i> s 20
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		FIL 2022 NOV 2 SECRETA SECRETA
nter new mailing address, if applicable:		
failing address MAY BE A POST OFFICE BOX)		NA THE STATE OF TH
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		: 12
If amending the registered agent and/or registered ent and/or the new registered office address here:	office address on our records, <u>en</u>	ter the name of the new register
ent and/of the new registered office address nere.		
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street add	dress
		Florida
	City	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 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	Address	Type of Action
			□Add
			Remove
			□Change
			🗆 Add
			□Remove
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an cfi lote:	ive date, if other than the date of filing:
recor I is fi	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
ated	November 17 . 2622.
	Elle
	Signature of a member or authorized representative of a member