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Registration Section

P.O. Box 6327

Tallahassee, FL 32314

TO:

Division of Cor	rporations		
SUBJECT:	Concas	G & V VIL , LL	<u>-C</u>
	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Hora	Name of Person	
	1	Name of Person	
	HOTA	00 6059 PA.	
		Firm/Company	
	2924	Davie Ra, S	le. 102
		Address	
	Davie,	FL 33314 City/State and Zip Code	
	hsoso	a e 605a legal to be used for future annual report notif	com
For further information c	e-mail address: (ication)
Hozaci	0 5059	at (954) 5.32 Area Code Daytime	9447
Name o	f Person	Area Code Daytime	: Telephone Number
Enclosed is a check for the	ne following amount:		
Signature Signa	☐ \$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 Addres Registration S		Street Address: Registration Sec	tion
Division of C		Division of Corp	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Conce	05 618	V VII	, LLC			
(<u>Name of the Limite</u> (.	d Liability Compa A Florida Limited	ny as it now appo Liability Company	ears on our reco y)	ords.)		
The Articles of Organization for this Limited Lia	bility Company	were filed on _	04/20	0 /2020 and as	ssigned	
This amendment is submitted to amend the follow	wing:					
A. If amending name, enter the new name of	the limited liab	ility company	here:			
The new name must be distinguishable and contain the wo	75, LL	\mathcal{C}		202		
The new name must be distinguishable and contain the wo	rds "Limited Liabi	lity Company," the	e designation "Ll	LC" or the abbreviation "I	L.L.C.	
Enter new principal offices address, if applica	NA					
Principal office address MUST BE A STREET				-m-		
Enter new mailing address, if applicable:		N/A		: 29 FAIL		
Aailing address MAY BE A POST OFFICE BOX)						
				·		
B. If amending the registered agent and/or re agent and/or the new registered office address	here:	address on our	r records, <u>ent</u>	er the name of the ne	ew registered	
Name of New Registered Agent:						
New Registered Office Address:	V/A	P., * T	71 J.J.			
	Enter Florida street address					
	11./A					
New Registered Agent's Signature, if changing Re	egistered Agent:	Ž		•		
hereby accept the appointment as registered provisions of all statutes relative to the prope accept the obligations of my position as registering filed to merely reflect a change in the recompany has been notified in writing of this c	l agent and agr r and complete tered agent as p egistered office	ee to act in thi performance provided for in	of my duties, n Chapter 60:	and I am familiar w 5, F.S. Or, if this doc	ith and cument is	

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
	V/A		
			□Remove
			□Change
			□Add
			□Remove
			Change 20
			Change Change Change Change Change Change Change
			□ Change
			□Remove
			□ Change
			□Add
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____ □Remove

	N/A						
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						<u>(5)</u>	2020
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) S.C.	平山
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	date, if other than the da we date is listed, the date must b		not be prior to c	late of filling or m		ptional) Mer filing) Purs	suant to 605 020
<u>te:</u> If t	he date inserted in this block	k does not meet	the applicable				
ument	's effective date on the Depa	irtment of State	's records.				
	pecifies a delayed effective of	late, but not an e	effective time.	at 12:01 a.m.	on the earlier of	(b) The 90t	h day after the
s filed.							
	1 23	/	2020				
ed	JULY 27	<i>:</i> /_	2010	•			
			1/				
	Si	gharure of a mem	ber or authorize	ed representative	of a member		
	1.	70		•			