(shown below) on the top and bottom of all pages of the document.

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To:				- 第第
	Division of (•		
	Fax Number	: (850)617-6383		m.
From:				7.7
		: ITAX GROUP, LLC		
		er : I20140000135		1!
	Phone	: (813)882-8426		
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COVER LETTER

TO: Re Di	gistration S vision of Co	ection rporations	↓
SUBJECT:	CONCEPT	REMODELING LLC	•
1,0,000,000		Name of L	Limited Liability Company
The encloses	d Articles of	Amendment and fee(s) are s	mhaireast ran Cu
		indence concerning this matter	
		IGOR BELMONDO MO	
		CONCERTABLES	Name of Person
		CONCEPT REMODELI	
		9970 XI BIN 400 4170 0	Firny/Company
		8870 N HIMES AVE, # 1	
		TAMPA, FL 33614	Address
			City/State and Zip Code
		IBMREMODELING@OU	
For Franks	r .		(to be used for future annual report notification)
		neerning this matter, please o	call.
IGOR BELM			813 585 8662 at ()
	Name of I	erson	Area Code Daytime Telephone Number
Enclosed is a c	hack for the	following amount:	
≅ \$25.00 Fii	ing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy Certificate of Status (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Regis Divis P.O. 1	ng Address: stration Section of Con Box 6327 hassee, FL	porations	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

CONCEPT REMODELING LLC			
(Same of the Limited Liability Com (A Florida Limite	pany as it now appears on or d Liability Company)	ur record <u>s.</u>)	
The Articles of Organization for this Limited Liability Compar Florida document number L20000317802	ny were filed on 10/07/20	020	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company here:		
The new name must be distinguishable and contain the words "Limited Liac	nility Company," the designati	on "LLC" or the abbrevia	ntion "L.I.C"
Enter new principal offices address, if applicable:	-		***
(Principal office address MUST BE A STREET ADDRESS)		7-	2022
		5-5	DE 7
		35	. 9
Enter new mailing address, if applicable:			س مـ ا
(Mailing address MAY BE A POST OFFICE BOX)			= [
		1-A	2
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records,	enter the name of t	he new register
New Registered Office Address:	Enter Florida street	address	
ew Registered Agent's Signature, if changing Registered Agent:	City	, Florida	Code
hereby accept the appointment as registered agent and agre	re to act in this capacity	. I further agree to	comply with th

Ī tutes 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 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

Title	Name	Address	Type of Action
AMBR	Tabiana Karine Knack Belmondo NOC	ಾಂದಿ2238 SHIRECREST COVE WAY	~
LAST, KNACK	NAME: BELMUNDO MORINIGES	LUTZ, FL 33558	■Add □Remove
ambr	Tabiana Karine Morinigos	2238 SHIRECREST COVE WAY	
		LUTZ, FI. 33558	■ Remove
			©Change
			□Add
			DChange
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an effect ote: If	tive date, if other than the date of filing: (optional) (ive 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 605.0207 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t's effective date on the Department of State's records.
record s is filed	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
	ampa, 07 of December 2022
ated	
ated	Signature of a member or authorized representative of a member

Filing Fee: \$25.00