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SECRETARY OF STATE

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## **COVER LETTER**

Registration Section
Division of Corporations

TO:

SUBJECT: CONC	EPT BUDGET	5, LLC	
	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub ondence concerning this matter		
	JOSEPH CHI	Name of Person	<del></del>
	CONCEPT F	BVDC4675, LLC Firm/Company	<del></del>
	3055 RIV	Address	
		City/State and Zip Code	
	josephanisten E-mail address: (	gen 15 @ gmail. Cotto be used for fugure annual report notion	rication)
For further information of	oncerning this matter, please ca		
JOSEPH CHI Name o	PISTENSEN f Person	at ( <u>917</u> ) <u>418</u> Area Code Daytim	6257 ne Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 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 : Division of C P.O. Box 632	Section Corporations 27	Street Address: Registration Se Division of Cou	rporations Fallahassee
Tallahassee,	FL 32314	Z415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(A Flor	ida Limited Liability Compa	ny)	
The Articles of Organization for this Limited Liability	Company were filed or	MARCH 31, 2	21 and assigned
Florida document number <u>L21000150412</u>	·	·	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the li	mited liability compan	<u>v here</u> :	
The new name must be distinguishable and contain the words "L	imited Liability Company."	the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		·	<del></del>
(Principal office address MUST BE A STREET AD)	DRESS)		LEGR.
			ARE MA
			SER 5
Enter new mailing address, if applicable:			7 3 7
(Mailing address MAY BE A POST OFFICE BOX)			र्भ 🗀
	<del></del>		Dr. R
B. If amending the registered agent and/or register agent and/or the new registered office address here		ur records, <u>enter the</u>	name of the new registere
Name of New Registered Agent:			
New Registered Office Address:		· · · · · · · · · · · · · · · · · · ·	
	Enter	Florida street address	
		, 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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	MARGORET CHRISTENSEN	3055 RIVIERA DE, DOLPAY BEACH FLORLIDA 33445	XAdd
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effective date	if other than t	must be specific	and cannot be	prior to date of	filing or more t	han 90 days afte	er filing.) Pursu	ant to 605.021
<u>:e:</u> If the date :ument's effec	e inserted in this ctive date on the	block does n Department	ot meet the a of State's rec	ppiicable stat ords.	atory filing re	quirements, th	iis date will n	or be listed a
	s a delayed effec	tive date, but	not an effect	ive time, at 12	2:01 a.m. on t	he earlier of: (	b) The 90th	day after the
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