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COVER LETTER

Tallahassee, FL 32314

TO:	Registration Se Division of Cor					
CUDIC		NCEPTS ARCHITECTURE, L	LC			
SUBJE	CI:	Name of Lim	ited Liability Company			
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please re	eturn all correspo	ondence concerning this matter	to the following:			
		JOSHUA VERA				
			Name of Person			
		CORE CONCEPTS ARCH	HTECTURE, LLC			
			Firm/Company			
						
		FORT LAUDERDALE, FL 33312				
	City/State and Zip Code					
	joshuavera@cca-email.com					
For furt	her information c	e-mail address: ()	to be used for future annual report noti	ncation)		
DONA SURIYAARACHCHI		305 815 3849				
	Name o	f Person		e Telephone Number		
Enclose	d is a check for th	ne 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		Street Address:	-4: o		
	Registration S Division of C		Registration Se Division of Cor			
	P.O. Box 632	•	The Centre of T			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<u> 17 84 7: 11 </u>
<u>is.</u>)
1 ,
and assigned
" or the abbreviation "L.L.C."
· · · · · · · · · · · · · · · · · · ·
the name of the new registe
S.S.
orida

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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>	<u>Name</u>	Address 2021 SEF 17 All	7: Type of Action
AMBR	DONA SURIYAARACHCHI	• · · · · · · · · · · · · · · · · · · ·	□Add
		DAVIE, FL 33314	≣Remove
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ective date, if other than the date of fi	ling: (optional) and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02
	ot meet the applicable statutory filing requirements, this date will not be listed:
ament's effective date on the Department	or oute 3 records.
cord specifies a delayed effective date, but s filed.	not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
SEPTEMBER 07	2021
1 2/	