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(Address)
(Address)
(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
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COVER LETTER

ΓO:	Registration Sec Division of Corp			·
	CONCEPC	ION SOLUTIONS LLC		
SUBJE	ECT:			
		Name of Limi	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		WILLIE CONCEPCION		
			Name of Person	
		CONCEPCION SOLUTIO	ONS LLC	
			Firm/Company	
		14620 HARRIS PL.	· in company	
			Address	
		MIAMI LAKES, FL 33014	4	
			City/State and Zip Code	····
		E-mail address: (to be used for future annual report notif	fication)
For fur	ther information co	oncerning this matter, please ca	all:	
			at ()	
	Name of	f Person	Area Code Daytime	e Telephone Number
Enclose	ed is a check for th	ne following amount:		
□ \$2	5.00 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 Section
Division of Corporations P.O. Box 6327

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CONCEPCION SOLUTIONS LLC		
(<u>Name of the Limited Liability Company as</u> (A Florida Limited Liabilit	t now appears on our records.) y Company)	
The Articles of Organization for this Limited Liability Company were	filed on	and assigned
Florida document number L21000226560		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability c	ompany here:	
The new name must be distinguishable and contain the words "Limited Liability Con	mpany," the designation "LLC" or	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
DETITION OF STREET BOM		
B. If amending the registered agent and/or registered office addres	ss on our records, enter the	e name of the new regist
agent and/or the new registered office address here:		
Name of New Registered Agent:		O:
Now Paristra 1005 - All	-	La Tarante
New Registered Office Address:	Enter Florida street address	the place
	Committee of the commit	- P설 - 6
	, Floric	da '''

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

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>	Name	<u>Address</u>	Type of Action
MGR	WILLIE CONCEPCION	14620 HARRIS PL. MIAMI LAKES, FL 33014	■Add
			Remove
			☐ Change
			DAdd
			□Remove
			□Change
			□Add
			□Remove
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ffective date, if other than the an effective date is listed, the date in lote: If the date inserted in this ocument's effective date on the	nust be specific and cannot be public block does not meet the ap Department of State's reco	plicable statutory filing red rds.	quirements, this date will n	ot be listed as
record specifies a delayed effect is filed.	ive date, but not an effective	ve time, at 12:01 a.m. on th	ne earlier of: (b) The 90th	day after the
May 25th	2021			
ated	······································	·		
Milli	'n (perma)			