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### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: CONCEPTS CUSTOM HOMES III LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Cheryl Stewart Name of Person
CONCEPTS CUSTOM Homes III LLC Firm/Company
1770 Wild dures Circle
JackSonville Florida 32065  City/State and Zip Code  C Stewart Trinity 3 realestate. com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Cherri SHEWART at (A04) 838-010 S  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee  Certificate of Status  (additional copy is enclosed)  S60.00 Filing Fee, Certificate of Status & Certificate Opy (additional copy is enclosed)

#### Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

#### 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

CONCEDES CUSTOM HOMES III //C

(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our Liability Company)	r records.)
The Articles of Organization for this Limited Liability Companification for the	y were filed on	16/2021 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liad C & A COO The new name must be distinguishable and contain the words "Limited Liab	Struction 1	on "LLC" or 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)		2,154,25 11
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records	enter the name of the new registered
Name of New Registered Agent:		·
New Registered Office Address:	Enter Florida stred	address
		Florida Ziv Code
	City	Zıp 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 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	Address	Type of Action
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□ Change
	<del></del>		□Add
			□Remove
			□ Change
		_	
		_	□Remove
			□Change
			□ Add
			□Remove
			∏Change

(If an e Note:	tive date, if other than the date of filing:
the rece	ord 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 filed.
Dated	1/125/24
	Signature of a member of authorized representative of a member
	Anthony Charloct