## 121000459574

| (Re                     | equestor's Name)   | <del></del> |
|-------------------------|--------------------|-------------|
| (Ad                     | ldress)            |             |
| (Ad                     | ddress)            |             |
| (Cit                    | ty/State/Zip/Phone | #)          |
| PICK-UP                 | ☐ WAIT             | MAIL        |
| (Bu                     | siness Entity Nam  | ne)         |
| (Do                     | ocument Number)    | _           |
| Certified Copies        | _ Certificates     | of Status   |
| Special Instructions to | Filing Officer:    |             |
|                         |                    |             |
|                         |                    |             |
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## **COVER LETTER**

| TO: Registration Se<br>Division of Co | rporations                                      |   | •  |
|---------------------------------------|---|---|--|
| ,                                     | Conceite  | 1 15 110  | 6  |
| SUBJECT:                              | Name of Lim                                     | ited Liability Company  | <del></del>  |
|                                       |   |   |  |
| The enclosed Articles of              | Amendment and fee(s) are sub                    | mitted for filing.  |  |
| Please return all correspo            | ondence concerning this matter                  | to the following:   |  |
|                                       | Kenos   | ha K. Davis<br>Name of Person   |  |
|                                       |   | Name of Person  | . =:===  |
|                                       | Con   | ceited AF,  | LLC  |
|                                       | 3074  | Holly Grove La  | ne   |
|                                       |   | Address   |  |
|                                       | Orange  | Park, FL<br>City/State and Zip Code                                       | 32078  |
|                                       | . (   |   |  |
|                                       | E-mail address: (                               | to be used for future annual report                                       | notification)  |
| For further information of            | concerning this matter, please c                | all:  |  |
| Kenosh                                | a Davis   | at (901)  | 777 - 636 1  |
| Name                                  | or reison                                       | Area Code Da  | ylime Telephone Number   |
| Enclosed is a check for the           | he following amount:                            |   |  |
| □ \$25.00 Filing Fee                  | ☐ \$30.00 Filing Fee &<br>Certificate of Status | ☐ \$55.00 Filing Fee &<br>Certified Copy<br>(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 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

| Conceit  | ed AF, LLC 5   |
|--|--|
| " <u>Name of the Limited Liability Compar</u><br>(A Florida Limited L  | ny as it new appears on our records.) iability Company)            |
| *Name of the Limited Liability Company (A Florida Limited Liability Company)  The Articles of Organization for this Limited Liability Company  Florida document number | were filed on October 21, 2021 and assigned 2                      |
| A. If amending name, enter the new name of the limited liabi   | lity company here:   |
| The new name must be distinguishable and contain the words "Limited Liabili  | ty Company," the designation "LLC" or the abbreviation "L.L.C."    |
| Enter new principal offices address, if applicable:  | Jacksonville, FL 32219   |
| (Principal office address MUST BE A STREET ADDRESS)  | Jacksonville, FL 32219   |
| Enter new mailing address, if applicable:<br>( <u>Mailing address MAY BE A POST OFFICE BOX)</u>  | 3074 Holly Grove Lane<br>Orange Park, FL 32078                     |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:  | ddress on our records, <u>enter the name of the new registered</u> |
| Name of New Registered Agent:  |  |
| New Registered Office Address:   | Enter Florida street address                                       |
|  | , Florida  |
|  | City Zin 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> | <u>Name</u>      | Address           | Type of Action |
|--------------|------------------|-------------------|----------------|
| MGR          | Rosemany Coleman | 8812 Overley Cove | □Add           |
|              |                  | Cordova, TN 38016 | Z Remove       |
|              |                  |                   | □Change        |
|              |                  | <del></del>       | □Add           |
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| Conceited AFILC is not a partner.  | ship                        |
|--|-----------------------------|
| Conceited AF, LLC should not be Requ   | ired to                     |
| File FORM 1065 and Form 720  |                             |
| The original application was filled out  | incorrect                   |
|  |                             |
|  |                             |
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|  |                             |
| ctive date, if other than the date of filing: (option of the 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 605.03 |
| If the date inserted in this block does not meet the applicable statutory filing requirements, this ment's effective date on the Department of State's records.  | date will not be listed     |
| and an additional defends of the state of th |                             |
| ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b filed.  | ) The 90th day after the    |
| 1  |                             |
| d  |                             |
|  | -                           |
| Kleposha Davo  |                             |
| Signature of a member or authorized representative of a member  Kenosha Davis  Typed or printed name of signee   | ALEXA TOSES                 |

Filing Fee: \$25.00