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COVER LETTER

Registration Section Division of Corporations

TO:

Concorp	•	· ·	•	
SUBJECT:	Name of Lin	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Garla L. Connor, MGR			
	-	Name of Person		
	Concorp Tradings, LLC			
		Firm/Company		
	2250 NW 174 Terrace			
		Address	· · · · · · · · · · · · · · · · · · ·	
	Miami Gardens, Florida 3	3056		<i>C</i> 3
		City/State and Zip Code		THE LOW LO
	garlaconnor@bellsouth.net			
	E-mail address: (to be used for future annual report no	tification)	125
For further information c	oncerning this matter, please c	all:		二 三
Garla L. Connor, MGR		305 776-8880		A State
Name o	f Person	Area Code Daytii	me Telephone Number	
Enclosed is a check for the	he following amount:			
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &
Mailing Addres Registration 5		Street Address: Registration So	ection	
Division of Corporations		Division of Co	orporations	
P.O. Box 632 Tallahassee, l		The Centre of 2415 N. Monre	Tallahassee oe Street, Suite 8	10
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Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Concorp		
(<u>Name of the Limited Liability (</u> (A Florida Li	Company as it now appears on our mited Liability Company)	records.)
The Articles of Organization for this Limited Liability Con Florida document number L21000467225	npany were filed on October 27	and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited	d liability company here:	
Concorp Tradings, LLC		
he new name must be distinguishable and contain the words "Limited	d Liability Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
<u>Principal office address MUST BE A STREET ADDRES</u>	<u>SS)</u>	
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered ogent and/or the new registered office address here:	office address on our records,	enter the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stree	Laddross
	анат с юния мусс	
	City	, Florida Zip Code
		- <i>t</i> - · ·

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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□ Remove
			□Change
			□Add
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			□Change
			Add Rowce
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ective date, if of	her than the date ted, the date must be s	e of filing:	he prior to date of	f filing or more th	optior (optior	ial) ling \ Pursuar	st to 605 (
<u>te:</u> If the date inse	erted in this block d	loes not meet the	applicable stat	utory filing req	uirements, this o	late will not	be listed
rument's effective	date on the Depart	ment of State's r	ecords.				
record specifie he 90th day a:	es a delayed eff fter the record	ective date, t is filed	out not an ef	fective time	, at 12:01 a.	m. on the	earlie
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