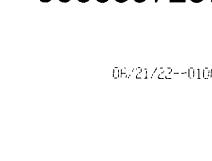
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COVER LETTER

TO:

ТО:	Registration Se Division of Cor			
eum icz	Concept Ec	ommerce LLC *	•	•
SUBJEC	ul:	Name of Lim	ited Liability Company	
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		Michael E. Steuer		
			Name of Person	
		Michael E. Steuer, CPA, P	.A.	
		· · · · · · · · · · · · · · · · · · ·	Firm/Company	
		2138 Alt 19, Ste B		
		·	Address	
		Palm Harbor, FL 34683		
			City/State and Zip Code	
		myinfo@mikethecpa.com		
		E-mail address: (to be used for future annual report not	tification)
For furth	ner information e	oncerning this matter, please c	all:	
Michael	E. Steuer, CPA,	P.A.	727 797-9000 at ()	
	Name o	f Person		ne Telephone Number
Enclosed	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 Addres		Street Address:	
	Registration S Division of C		Registration So Division of Co	
	P.O. Box 632	7	The Centre of	Tallahassee
	Tallahassee I	FI 32314	2415 N. Monre	to Street, Suite \$10

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2022 JUN 21 AM 8: 12

Zip Code

Concept Ecommerce, LLC	Sacration
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) NALLAHASSEE, FL Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L22000224661</u>	were filed on May 12,2022 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil Enter new principal offices address, if applicable:	ity Company," the designation "LLC" or the abbreviation "L.L.C."
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	iddress 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

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.

Chv

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>	Name	Address	Type of Action
			□Add
			□ Remove
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			□ Add
			□Remove
			□Change
			
			□Remove
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Filing Fee: \$25.00