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(F	Requestor's Name)	
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Division of Cor	rporations		
OUBLEOR	g Concepts LLC		
	Name of Lim	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:	
	Catherine Morrison		
		Name of Person	
	Neighboring Concepts LL	С	
		Firm/Company	
1635 West Trade Street, Suite 1A			7903 (11180
		Address	
	Charlotte, NC 28216		
		City/State and Zip Code	<u>=</u>
	cathy@neighboringconcept	s.com	7,5 176
	E-mail address: (to be used for future annual report notification)	
For further information of	concerning this matter, please c	all:	
Cathy Morrison		704 374-0916 at ()	
Name o	of Person	at ()	lumber
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Ce (additional copy is enclosed) Ce	0.00 Filing Fee, entificate of Status & rtified Copy ditional copy is enclosed;
<u>Mailing Addres</u> Registration		Street Address: Registration Section	
Division of C		Division of Corporations	
P.O. Box 632		The Centre of Tallahassee	
Tallahassee,	FL 32314	2415 N. Monroe Street, St	uite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Neighboring Concepts LLC		
(Name of the Lin	nited Liability Company as it now app (A Florida Limited Liability Company	ears on our records.) y)
The Articles of Organization for this Limited	Liability Company were filed on	5/10/23 and assigned
Florida document number L23000231191	<u> </u>	
This amendment is submitted to amend the fo	llowing:	
A. If amending name, enter the new name	of the limited liability company	here:
The new name must be distinguishable and contain the	words "Limited Liability Company," th	e designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appl	icable:	
(Principal office address MUST BE A STRE		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or agent and/or the new registered office addr	***	r records, <u>enter the name of the new regist</u>
Name of New Registered Agent:	Northwest Registered Agent LL	LC
New Registered Office Address:	7901 4th St N, Suite 300	
	Enter F	lorida strect address
	St. Petersburg	33702
	St. Petersourg	, Florida ³³⁷⁰²

1

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.

Taylor Nowman

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
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			□Remove
			□Change
			□Add
			□Remove
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effective date is listed, the date must be: If the date inserted in this bloc	k does not meet the applic	able statutory filin	ore than 90 days after g-requirements, this	filing.) Pu date will	rsuant to 605,02 I not be listed
ument's effective date on the Dep	artment of State's records				
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