

To: Page 4 of 9

2017-09-22 21:10:05 (GMT)

19543010210 From: INREP LLC

8/10/2017

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : INREP, LLC
Account Number : 120170000048
Phone : (954)816-0169
Fax Number : (954)301-0210

NC
SEP 26 2017

R. White **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: INREP101@OUTLOOK.COM

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17 SEP 25 AM 7:31

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COR AMND/RESTATE/CORRECT OR O/D RESIGN
CONCEPCION CLOTHING INTERNATIONAL INC

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$35.00

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8/29/2017 9:54:00 AM PAGE 1/001 Fax Server



August 29, 2017

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CONCEPCION CLOTHING INTERNATIONAL INC
906 N J STREET
STE 1
LAKE WORTH, FL 33460US

SUBJECT: CONCEPCION CLOTHING INTERNATIONAL INC
REF: P16000007083

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The money in your account is insufficient to cover the cost of filing this document. Please send additional money to cover this particular filing and other filings you wish to process.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White
Regulatory Specialist II

FAX Aud. #: H17000212788
Letter Number: 617A00017763

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

P.O. BOX 6327 - Tallahassee, Florida 32314

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8/14/2017 9:40:33 AM PAGE 1/001 Fax Server



August 14, 2017

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CONCEPCION CLOTHING INTERNATIONAL INC
906 N J STREET
STE 1
LAKE WORTH, FL 33460US

SUBJECT: CONCEPCION CLOTHING INTERNATIONAL INC
REF: P16000007083

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L14000095740-CONCEPCION ENTERPRISES LLC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White
Regulatory Specialist II

FAX Aud. #: H17000212788
Letter Number: 417A00016510

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: CONCEPCION CLOTHING INTERNATIONAL INC

DOCUMENT NUMBER: P16000007083

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARTIN REYES

Name of Contact Person

INREP, LLC

Firm/ Company

7871 NW 11TH ST

Address

PLANTATION, FL 33322

City/ State and Zip Code

INREP@OUTLOOK.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LUIS MORALES

Name of Contact Person

at (561)

632-0925

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed)

Mailing Address

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

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED

((1117000212788.3)))

17 SEP 25 AM 7:53

Articles of Amendment
to
Articles of Incorporation
of

SECRETARY OF STATE
TREASURER OF FLORIDA

CONCEPCION CLOTHING INTERNATIONAL INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

P16000007083

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

CONCEPCION GROUP ENTERPRISE INC

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

**B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)**

514 PLYMOUTH RD

WEST PALM BEACH FL 33405

**C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)**

514 PLYMOUTH RD

WEST PALM BEACH FL 33405

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent N/A

(Florida street address)

New Registered Office Address: _____, Florida _____
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

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If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P ~ President; V ~ Vice President; T ~ Treasurer; S ~ Secretary; D ~ Director; TR ~ Trustee; C ~ Chairman or Clerk; CEO ~ Chief Executive Officer; CFO ~ Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be, PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

☒ Change PT John Doe

☒ Remove V Mike Jones

☒ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input checked="" type="checkbox"/> Change	<u>P</u>	<u>LUIS MORALES</u>	<u>514 PLYMOUTH RD</u>
<input type="checkbox"/> Add			<u>WEST PALM BEACH FL 33405</u>
<input type="checkbox"/> Remove			
2) <input checked="" type="checkbox"/> Change	<u>VP</u>	<u>DILMA PEREZ</u>	<u>514 PLYMOUTH RD</u>
<input type="checkbox"/> Add			<u>WEST PALM BEACH FL 33405</u>
<input type="checkbox"/> Remove			
3) <input checked="" type="checkbox"/> Change	<u>T</u>	<u>BERONICA MORALES</u>	<u>514 PLYMOUTH RD</u>
<input type="checkbox"/> Add			<u>WEST PALM BEACH FL 33405</u>
<input type="checkbox"/> Remove			
4) <input checked="" type="checkbox"/> Change	<u>S</u>	<u>MARIANO G MORALES DE LEON</u>	<u>514 PLYMOUTH RD</u>
<input type="checkbox"/> Add			<u>WEST PALM BEACH FL 33405</u>
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

E. If amending or adding additional Articles, enter change(s) here:
(Attach additional sheets, if necessary). (Be specific)

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

[illegible]

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The date of each amendment(s) adoption: _____ if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):


"The number of votes cast for the amendment(s) was/were sufficient for approval.

by _____
(voting group)"

☒ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 08/10/2017 _____

Signature  _____
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

LUIS MORALES

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)