L130000 50062

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2020 1:23 FT 1:50

R. WHITE APR 0 6 2020

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for tiling.	
Please return all correspo	ondence concerning this matter	to the following:	
	KEVIN PATRICK BURK	Н	
		Name of Person	
	ATLANTIC PROPERTY	CONCIERGE	
	••	Firm/Company	
	13815 EMERSON ST - A-	106	
		Address	
	PBG, FL 33418		
		City/State and Zip Code	
	KBURKE@APC1976.COM		
	E-mail address; (to be used for future annual report not	itication)
For further information c	oncerning this matter, please c	all:	
KEVIN PATRICK BUR		561 602-3295	
Name o	f Person	at () Area Code Daytim	ne Telephone Number
Enclosed 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 radditional copy is enclosed)
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Se Division of Con The Centre of T 2415 N. Monro Tallahassee, FL	rporations Fallahassee se Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ATLANTIC PROPERTY CONCIERGE LLC

7070: 123 PM 1:50

(Name of the Limited Liability Company as it now appears on our records.

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Compa $\frac{11300050062}{1.00050062}$.	any were filed on $\frac{4/5/2013}{}$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here:	
The new name must be distinguishable and contain the words "Limited Li	lability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		·
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	ce address on our records	, <u>enter the name of the new registered</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stree	t address
		Florida Zip Code
	City	Zip 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>	<u>Address</u>	Type of Action
VP	JOHN AUGUST BURKE	9010 ALISTER BLVD E. A-202	= Add
		PBG, FL 33448	□Remove
			□Change
			□Add
			□Remove
		-	
			□Add
			□Remove
			□Change
			🗆 Add
			Remove
			☐ Change
			
			Remove
			□Change
			⊡Remove
			□Change

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	3/17/2020			
ective date, if other than the date of effective date is listed, the date must be speed. If the date inserted in this block document's effective date on the Department.	of filing: citic and cannot be prior es not meet the applica			
cord specifies a delayed effective date. sfiled.	but not an effective tin	me, at 12:01 a.m., on th	ne earlier of: (b) The	90th day after the
ed MARCH 17	2020	·		
	PRu	udo		
Signate	ire of a member or Autho	rized representative of a	member	