

L13000056795

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

A

Office Use Only



700252245137

10/10/13--01010--001 **30.00

2013 OCT 10 AM 9:37

J. SAULSBERRY
EXAMINER
OCT 11 2013

LA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE PEOPLE CONCIERGE, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SIDNEY J. GANT
Name of Person

Firm/Company

9234 ZINCOR LANE
Address

LAND O' LAKES, FL, 34368
City/State and Zip Code

SIDNEY GANT@YAHOO.COM
E-mail address: (to be used for future annual report notification)

2013 OCT 10 AM 9:37

For further information concerning this matter, please call:

SIDNEY GANT at (813) 714-8810
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the 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 ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

THE PEOPLES CONCIERGE

(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 Company were filed on 4/17/13 and assigned Florida document number L13000056795

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

SAME
NO CHANGE

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

SAME
NO CHANGE

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

SAME

New Registered Office Address:

NO CHANGE

Enter Florida street address

_____, Florida _____
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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

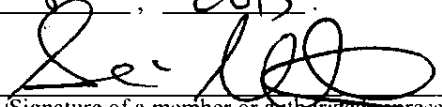
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	JAVONTAE WRIGHT	9236 ZINCOE LANE	<input type="checkbox"/> Add
		LAND O' LAKES, FL	<input checked="" type="checkbox"/> Remove
		34368	
MGRM	RAYMOND LOPEZ	9236 ZINCOE LANE	<input checked="" type="checkbox"/> Add
		LAND O' LAKES, FL	<input type="checkbox"/> Remove
		34438	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

W

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated OCTOBER 8TH, 2013.



Signature of a member or authorized representative of a member

SIDNEY GANT

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2013 OCT 10 AM 10:47
STATE OF MISSISSIPPI