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COVER LETTER

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elible <i>c</i> t.	CONCIE	RGE SERVICES OF ORLAN	DO LLC	
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed A	rticles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return al	l correspor	ndence concerning this matter	to the following:	
		CLAUDIA JOHNSON		
			Name of Person	
		CONCIERGE SERVICES	OF ORLANDO LLC	
			Firm/Company	
		495 N KELLER RD, STE	150	
			Address	
		MAITLAND, FL 32751		
			City/State and Zip Code	
		cjohnson11@ft.nyl.com		
		E-mail address: (to be used for future annual report noti-	lication)
For further info	rmation co	oncerning this matter, please co	all:	
CLAUDIA JO			407 999-0348	
	Name of	Person	Atea Code Daytime	e Telephone Number
Enclosed is a cl	neck for th	e following amount:		
■ \$25.00 Fili	ng Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Cl \$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

	IERGE SERVICES			·		
(Name of the Lim	ited Liability Compa (A Florida Limited)	iny as it now appe Ciability Company	ars on our records.)			
The Articles of Organization for this Limited L		were filed on _	July 31, 2015	and assigned		
This amendment is submitted to amend the fol	lowing:					
A. If amending name, enter the new name o	of the limited liab	ility company l	here:			
CONCIERGE FINANCIAL STRATEGIES LLC	2					
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the	designation "LLC" or the	abbreviation "L.L.C."		
Enter new principal offices address, if appli	495 N KELLI	ER RD				
(Principal office address MUST BE A STRE		STE 150				
- Helpat vyjece and the second	MAITLAND.	FL 32751				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and registered agent and/or the new registered of	/or registered o		on our records, <u>ent</u>	or the name of the new		
Name of New Registered Agent:	DRUMMOND CPA, LLC					
New Registered Office Address:	601 Brickell K	ey Drive, Suite 9	01			
		Enter Fi	orida street address			
	Miami		, Florida	33131		
		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.

f 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>	<u>Address</u>	Type of Action
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			☐ Remove
			Change
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			Remove
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Note: If the	ite, if other the date is listed, the date inserted in effective date of the following the following the following the following date of the following the following date of the	n this block d	oes not meet	t the applical	o date of filing of the statutory of	r more than 90 di lling requireme	_(optional) nys after filing nts, this date	.) Pursuant to 60 will not be lis)5.0207 (3 sted as th
	specifies a c n day after t			e, but not	an effectiv	e time, at 1	2:01 a.m.	on the ear	lier of:
Septe	mber 5th		/:	2017					
	<u>j</u>	110	· .		- ·				
	/\ /	\mathcal{M}				live of a member			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00