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COVER LETTER

Division of Corporations
SUBJECT: R.E.M. CONCIERGE L.L.C. 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:
CHERYL K. CHACON Name of Person
Firm/Company
7025 RUE GRANVILLE ATT 1
M(An) BEA(H TC 33/4) City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
CHER/CK. CHA CON at 786, 356 Z581 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$\Bigcup \text{\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)}\$\Bigcup \text{\$60.00 Filing Fee, 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 ORCANIZATION

	ORGANIZATION // F.
PEM ONCE (Name of the Limited Liability Compa	0/6 / 1 (2017 NOV 27 TO
(A Florida Limited I The Articles of Organization for this Limited Liability Company Florida document number 1700056944	Liability Company)
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	ity Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	AA
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	ffice address on our records, enter the name of the new
Name of New Registered Agent: New Registered Office Address:	Figurer Florida street feldress

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.

City

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager AMBR = Authorized Member	v	•
Title Name AMBRERICK MATHE	Address	Type of Action
FICH MATHE	7037 NW 5th CT MIAMI 12 33150	Add
AMBR JOSESALORT	16310 SW 9949 MIAMI PI 23157	Change
AMBR FRANKLIN ALVAREZ PER		Remove
The International Control	607 S. SR-7	□ Remove
	MACATE 72 3368	□ Change □ Add
		□ Remove
	AHASSEE, FLO	SECRE JARY OF STAIL
	A	_□ Remove
		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:

ective date, if other than the date of filing: (optional) (optional) (effective date is listed, the date must be specific and cannot be prior to date of filing or more than 99 days after filing.) Pursuant to 605.0 (fig. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ument's effective date on the Department of State's records. The date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ument's effective date on the Department of State's records. The date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed unent's effective date on the Department of State's records. The date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed unent's effective date on the Department of State's records. The date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed unent's effective date on the Department of State's records. The date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed unent's effective date on the Department of State's records.		•
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	11/15/2017 . //	
Signature of a member or authorized representative of a member	1///	
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CAERYL K. CHACOIN	CA6011 / C (21 C-1)	

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Filing Fee: \$25.00