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| (Re | equestor's Name) | | | | | | | |
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| PICK-UP | MAIT | MAIL | | | | | | |
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| Certified Copies | _ Certificates | s of Status | | | | | | |
| Special Instructions to | Filing Officer: | | | | | | | |
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Office Use Only



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SACTOR OF STATE

Name Change

COVER LETTER

| TO: Registration So Division of Co | | | • |
|---------------------------------------|---|---|--|
| SUBJECT: Mr. | Concierge LLC | ited Liability Company | · · · · · · · · · · · · · · · · · · · |
| | Paule of Fain | песстионну соправу | |
| The enclosed Articles of | Amendment and fee(s) are sub | omitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | Jashva | Agran Perez Name of Person | , |
| | Mr. Concie | roge_UU_ Firm/Company | |
| | 350N Fede | ral thuy unit 11015 | · |
| | Boynton Be Info@M | Cach FL 33435 City/State and Zip Code Nr Cancierge SP. C | <u> </u> |
| For further information of | E-mail address: (concerning this matter, please c | to be used for future afinual report no | tification) |
| Josha | Perez of Person | ar (780) 412 | me Telephone Number |
| Enclosed is a check for t | he 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 Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limited Liability Compa) (A Florida Limited L | ny as it now appears on our records.) | | | | | |
|---|--|---|--|--|--|--|
| (A FIORGA DAIREO L | nationity Company) | | | | | |
| The Articles of Organization for this Limited Liability Company | were filed on March 24 U | and assigned | | | | |
| Florida document number <u>L 19000 85943</u> . | | | | | | |
| This amendment is submitted to amend the following: | | | | | | |
| A. If amending name, enter the new name of the limited liabi | | | | | | |
| Mr. Concierge Senior Placement | Services. LLC | | | | | |
| The new name must be distinguishable and contain the words "Limited Liabil | ity Company," the designation "LLC" or the | he abbreviation "L.L.C." | | | | |
| Enter new principal offices address, if applicable: | NIA | | | | | |
| (Principal office address MUST BE A STREET ADDRESS) | Same Arress. | | | | | |
| | | (3) | | | | |
| | | () | | | | |
| Enter new mailing address, if applicable: | | 3 (5 | | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | 2 13 | | | | |
| (Mulling dudress (MAT BE A FOST OF FICE BOX) | | • | | | | |
| | | 21.5 | | | | |
| B. If amending the registered agent and/or registered office a | ddress on our records, enter the | name of the new registered | | | | |
| agent and/or the new registered office address here: | | | | | | |
| • | | | | | | |
| Name of New Registered Agent: | | | | | | |
| New Registered Office Address: | | | | | | |
| | Enter Florida street address | | | | | |
| | Florida | l | | | | |
| | City | Zip Code | | | | |
| New Registered Agent's Signature, if changing Registered Agent: | | | | | | |
| I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pheing filed to merely reflect a change in the registered office company has been notified in writing of this change. | performance of my duties, and 1 corovided for in Chapter 605, F.S. | am familiar with and Or, if this document is | | | | |

Page 1 of 3

If 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> | Name | Address | Type of Action |
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| (If an e <u>Note</u> | effective d : If the c | ate is liste late inser | d, the date r rted in this | he date of nust be spec block doe Departine | ific and s not m | cannot be eet the a | pplicable. | e of filing or statutory fi | more than | 90 days | optional after tiling this date | .) Pursuan | to 605,0207 (3 be listed as th |
| | | | | ed effec ecord is | | ate, bu | it not an | effective | e time, a | at 12: | 01 a.m. | on the | earlier of: |
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| | _ | | | Signatu | re of a n | nember of | r authorized | representat | ve of a mo | mber | | | |
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