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COVER LETTER

TO: Registration S Division of Co			/ *	
SUBJECT:	Counterton	Concierge UC	· •	
	Name of L	imited Liability Company		
The enclosed Articles of	f Amendment and fee(s) are so	ubmitted for filing.		
Please return all corresp	ondence concerning this matte	er to the following:		
	Ana	Catalan		
		Name of Person		
	Cou	untertop Concierge	e LLC	
	158	30 Urbana Ave		
	``	Address		
	De	Hona FL 32725 City/State and Zip Code	<u> </u>	
	counterto	Chyrstate and zip Code P concierge Damail. (to be used for future andual report)	lom or anac	atalangoiles
For further information	E-mail address: concerning this matter, please		notification)	utlook. com
A A	toncerning this matter, please	сан;		
Ana Car	talan of Person		370035	_
, wante (Avea Code 17ay	time 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 For Certificate of S Certified Copy (additional copy is	tatus &
Mailing Addres	<u>is:</u>	Street Address:	:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

Countertop Concier	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on 2 14 20 and assigned
Florida document number <u>L2000000 52767</u> .	
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	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	7981 2nd Ave South Street
(Principal office address MUST BE A STREET ADDRESS)	St. Petersburg, Fc. 33707
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7981 2nd Ave South Street St Peterburg, FL. 33707
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registerec</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida
New Registered Agent's Signature, if changing Registered Agent:	у Бухлас

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 amanding 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>	Address	Type of Action
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		3533 Hervale Dr. Casselberry Fc. 32707	X Remove
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<u>e:</u> If the d	ate inserted in th	is block does no	t meet the applicated in the state is records.	able statutory fil	ing requirements, the	er filing.) Pursuant to 605, tis date will not be liste	.020 rd a:
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		Signature of	a member or autho	rized representativ	e of a member		

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