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COVER LETTER

TO:	Registration Se Division of Cor								
eup irz		da Concierge LLC							
SUBJEC	.1:	Name of Lim	ited Liability Company						
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.						
Please re	turn all correspo	ondence concerning this matter	to the following:						
		Jose L Zacarias Urrutia							
			Name of Person	 					
		Hello Florida Concierge L	LC						
Firm/Company									
		3915 W San Pedro St							
			Address						
	Tampa, FL 33629								
			City/State and Zip Code						
		E-mail address: (to be used for future annual report no	stification)					
For furth	er information c	oncerning this matter, please c	all:						
Jose L Z	Zacarias Urrutia		813 361-1718						
•	Name o	f Person	Area Code Dayti	me Telephone Number					
Enclosed	l is a check for th	ne 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		Street Address: Registration S	ection						
Division of Corporations			Division of Corporations						
P.O. Box 6327 Tallahassee, FL 32314			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810						

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2023 JUH 12 AM 8: 18

Hello Florida Concierge LLC (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 May 1, 2023 and assigned Florida document number _____L23000214034 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 contain the words "Limited Liability Company," the designation "L.I.C" or the abbreviation "L.I.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address , Florida __ City 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.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Michelle Marie Aguiluz de Zacaria:	3915 W San Pedro St	■Add
		Tampa, FL 33629	□Remove
		 	□Change
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Note: If	e date, if other than the tive date is listed, the date mus the date inserted in this bl it's effective date on the D	ock does not me	ect the applical	o date of filing or oble statutory fili	op nore than 90 days afi ng requirements, t	tional) ler filing.) Pursuant to his date will not be	605.0207 (listed as t
e record d is filed	specifies a delayed effectiv i.	e date, but not a	in effective tim	ne, at 12:01 a.m	on the earlier of:	(b) The 90th day	after the
	inc 7		2023				
Japan Ja				- ·			
Dated _		,`					
Dated _		Signature of a mo	Lim				_

Filing Fee: \$25.00