

L02000019697

Florida Department of State
Division of Corporations
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(((H21000320598 3)))



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

H21000320598

**TO: Registration Section
Division of Corporations**

SUBJECT: Liberty 1, 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:

Robert Greg Young

Name of Person

Concierge Florida Acquisitions 3, LLC

Firm/Company

4655 Salisbury Road, Ste. 110

Address

Jacksonville, Florida 32256

City/State and Zip Code

GYoung@conciiergehomecarefl.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert Greg Young

at (904)

733-1003 ext. 9993

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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

H21000320598

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

H21000320598

Liberty 1, L.L.C.

(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 August 2, 2002 at assigned
Florida document number L02000019697

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 "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

4655 Salisbury Road, Ste. 110

Jacksonville, Florida 32256

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4655 Salisbury Road, Ste. 110

Jacksonville, Florida 32256

Attn: Robert Greg Young

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:

Robert Greg Young

New Registered Office Address:

4655 Salisbury Road, Ste. 110

Enter Florida street address

Jacksonville

, Florida 32256

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.

/s/ Robert Greg Young

If Changing Registered Agent, Signature of New Registered Agent

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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

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<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Concierge Florida Acquisitions 3, LLC	4655 Salisbury Rd., Ste. 110	<input checked="" type="checkbox"/> Add
		Jacksonville, Florida 32256	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Toni Sexton	13923 ICOT Blvd, Ste. 815	<input type="checkbox"/> Add
		Clearwater, Florida 33760	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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CLERK OF STATE
DIVISION OF CORPORATION
2021 AUG 26 AM 10:17

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated August 26, 2021

/s/ Jeffrey L. Fisher

Signature of a member or authorized representative of a member

Jeffrey L. Fisher, President Concierge Florida Acquisitions 3, LLC

Typed or printed name of signee