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SECRETARY OF STATE SECRETARY OF CORPORATIONS OF CORPORATIONS

J. BRYAN

AUG -5 2008

EXAMINER

COVER LETTER

SUBJECT: CONCIERGE ALA TOANNE, L.LC (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:						
JOANNE HARRIET STRATOS (Name of Person)						
(Firm/Company)						
(Name of Person) (Firm/Company) 216 VENEZIA COURT (Address)						
PUNTA GORDA, FL 33950 (City/State and Zip Code)						
For further information concerning this matter, please call:						
Toanne Stratos at 94 875-3643 (Name of Person) (Area Code & Daytime Telephone Number)						
Enclosed is a check for the following amount: \$\sigma \\$25.00 \text{ Filing Fee} \\$\sigma \\$30.00 \text{ Filing Fee & Certificate of Status} \\$\sigma \\$\si						

MAILING ADDRESS:

Registration Section

Division of Corporations '

TO:

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 ORGANIZATION OF

CONCIERGE A	TLA JOANNE, LLC
(Name of the Limited Liabi (A Florid	LA JOANNE LLC lity Company as it now appears on our records.) da Limited Liability Company)
The Articles of Organization for this Limited Liability	da Limited Liability Company) y Company were filed on 01 07 2005 and assigned
Florida document number EDSCOCO S& 4	<u>v</u> . FC(+ 202(33 70)
This amendment is submitted to amend the following	; :
A. If amending name, enter the new name of the l	limited liability company here:
TOANNE. HARRIET The new name must be distinguishable and end with the "L.L.C."	STRATOS, LLC words "Limited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET AD	DRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or req registered agent and/or the new registered office a	gistered office address on our records, <u>enter the name of the new</u> ddress here:
Name of New Registered Agent:	
New Registered Office Address:	(Enter Florida street address)
	, Florida

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 608, 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 the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRN	M = Managing Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
	was experienced and the second		
			Remove
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D. If a	mending any other information,	enter change(s) here: (Attach additional shee	ets, if necessary.)
			08 AUG -
			CORP.
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Dated _	JULY 31	, 2008.	
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	Signatur	e of a member or authorized representative of a me	mber Tua Wo
	BULAGE	HARRIET STRATES	
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00