

LO5000012567

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

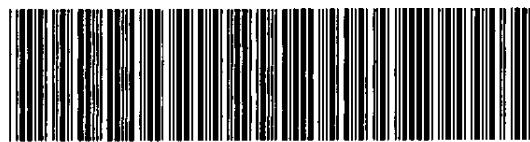
(Business Entity Name)

(Document Number)

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SHERIFF'S OFFICE
TALLAHASSEE, FLORIDA

FILED

B. BOSTICK
DEC 20 2011
EXAMINER

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Custom Concierge, LLC
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:

Barbara Badgley

Name of Person

Custom Concierge, LLC

Firm/Company

1120 Lake Breeze Drive

Address

Wellington, FL 33414

City/State and Zip Code

Bobbibadgley@aol.com

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

For further information concerning this matter, please call:

Bobbi Badgley

Name of Person

at (561)

333-5880

Area Code & Daytime Telephone Number

FL
REGISTRATION
DIVISION
CORPORATIONS
TALLAHASSEE
FL 32314

11 DEC 16 PM

FL
REGISTRATION
DIVISION
CORPORATIONS
TALLAHASSEE
FL 32314

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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Custom 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 February 7, 2005 and assigned Florida document number L05000012567.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Badgley Consulting, LLC

The new name must be distinguishable and end with 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)

11 DEC 6 PM 3:48
SILVER SPRINGS, FLORIDA

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

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 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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

STATE OF
FLORIDA
APPROVED
BY
S. J. BANE
FLORIDA

11 DEC 16 PM 3:48

Dated December 14, 2011.

Barbara Badgley
Signature of a member or authorized representative of a member

Barbara Badgley
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00