

**L060000116144**

Florida Department of State  
Division of Corporations  
Public Access System

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**L. SELLERS**

To:

Division of Corporations  
Fax Number : (850) 617-6383

MAY 30 2008

From:

Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

**EXAMINER****LLC AMND/RESTATE/CORRECT OR M/MG RESIGN****CONCIERGE EXTRAORDINAIRE LLC**

Certificate of Status	0
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H08000140337

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

CONCIERGE EXTRAORDINAIRE 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 13, 2008 and assigned  
Florida document number L08000116144

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 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2950 W CARROLL AVE

SUITE 3S

CHICAGO, IL 60612

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)

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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)

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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

Title	Name	Address	Type of Action
MGR	CLARE, COREY	8751 W. BROWARD BLVD PLANTATION, FL 33324	<input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	VINCE MARROCCO	2950 W. CARROLL AVE SUITE 3S CHICAGO, IL 60612	<input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	PATRICK WASHINGTON	2950 W. CARROLL AVE SUITE 3S CHICAGO, IL 60612	<input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated MAY 10, 2008

\_\_\_\_\_  
Signature of a member or authorized representative or a member  
GEORGE JACOBS  
\_\_\_\_\_  
Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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