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EXAMINER

COVER LETTER

TO: Registration S Division of Co	ection rporations				
SUBJECT: Celebrity Concierge LTD, LLC (Name of Limited Liability Company)					Đ
	Amendment and fee(s) are sub	_			
Please return all correspondence	ondence concerning this matter	to the following:			
	Kenneth Karl				
		(Name of Person)			
Celebrity Concierge LTD, LLC					
		(Firm/Company)			
	9130 S. Dadeland Blvd, S	Suite 1528			
	****	(Address)			
	Miami, Florida 33156				
		(City/State and Zip Code)		到	
For further information of	concerning this matter, please ca	ail:		JUL -3	Part of the second of the seco
Julie Dixson		at (305) 671 1113			ç. ^ :
	of Person)	(Area Code & Daytime 1	Telephone Number)	AH 9: 55	1,,
Enclosed is a check for t	he 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 Certificate Certified C	of Status &	

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

(additional copy is enclosed)

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Celebrity Concierge LTD, 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 June 20, 2008 and assigned Florida document number L08000060924 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." N/A Enter new principal offices address, if applicable: N/A (Principal office address MUST BE A STREET ADDRESS) N/A N/A Enter new mailing address, if applicable: N/A (Mailing address MAY BE A POST OFFICE BOX) N/A 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: N/A Name of New Registered Agent: N/A New Registered Office Address: (Enter Florida street address) N/A

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 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>	Name	Address	Type of Action
MGR	Christopher Varca	185 SW 7th Ave Miami, Florida 33130	Add Remove
			Add Remove
			Add Remove
			Add Remove
		P P C C	Add Add Add Add Add
D. If amend	ling any other information, enter ch	ange(s) here: (Attach additional sheets, if necessary.)	-in Remove
			_
Dated June 3			
	Julie Dixson authoriz	nber or authorized representative of a member ted rep for Kenneth B. Karl sped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00