

L09000008039

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

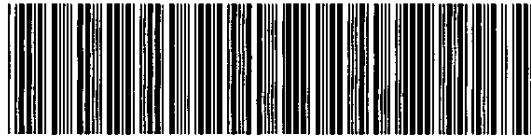
(Business Entity Name)

(Document Number)

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09 OCT -9 AM 10:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Gulligan OCT -9 2009

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: VIZCAYA CONCIERGE SERVICES, 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:

KAREN BELL
Name of Person

VIZCAYA MANAGEMENT AND CONCIERGE, LLC.
Firm/Company

950 SOUTH PINE ISLAND ROAD
Address

PLANTATION, FLORIDA, 33324
City/State and Zip Code

KBELL@VIZCAYACONCIERGE.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KAREN BELL at (**305**) **860 1667**
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 29, 2009

KAREN BELL
950 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

SUBJECT: VIZCAYA CONCIERGE SERVICES, LLC
Ref. Number: L09000008039

We have received your document for VIZCAYA CONCIERGE SERVICES, LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan
Regulatory Specialist II

Letter Number: 109A00031670

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
09 OCT -9 AM 10:17

VIZCAYA CONCIERGE SERVICES, LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 01/23/2009 and assigned
Florida document number L09000008039

This amendment is submitted to amend the following:

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

VIZCAYA MANAGEMENT AND CONCIERGE, 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:

950 SOUTH PINE ISLAND ROAD

(Principal office address MUST BE A STREET ADDRESS)

PLANTATION,

FLORIDA, 33324

Enter new mailing address, if applicable:

950 SOUTH PINE ISLAND ROAD

(Mailing address MAY BE A POST OFFICE BOX)

PLANTATION,

FLORIDA, 33324

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:

Ms. KAREN BELL

New Registered Office Address:

950 SOUTH PINE ISLAND ROAD

Enter Florida street address

PLANTATION,

Florida

33324

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.

Bell

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
_____	_____	_____	<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.)*

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 09 OCT -9 AM 10:17
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Dated 10.05.09

Karen Bell
 Signature of a member or authorized representative of a member

Karen Bell
 Typed or printed name of signee