

L09000008039

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

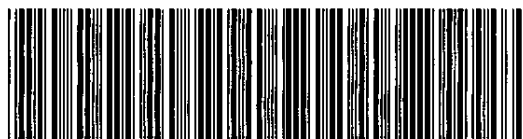
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09 OCT -9 AM 10:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Culligan 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

Name of Person

at ( 305 )

860 1667

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

VIZCAYA CONCIERGE SERVICES, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

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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:

(Principal office address MUST BE A STREET ADDRESS)

950 SOUTH PINE ISLAND ROAD

PLANTATION,

FLORIDA, 33324

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

950 SOUTH PINE ISLAND ROAD

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
		_____	

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

\_\_\_\_\_

\_\_\_\_\_


\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Dated 10.05.09, \_\_\_\_\_

  
 \_\_\_\_\_  
 Signature of a member or authorized representative of a member  
 Karen Ben  
 \_\_\_\_\_  
 Typed or printed name of signee