

L0910000008039

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PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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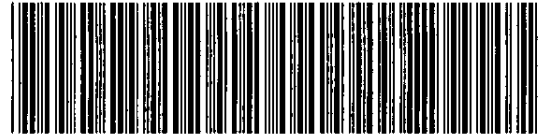
Special Instructions to Filing Officer:

L. SELLERS

DEC 21 2009

EXAMINER

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: VIZCAYA MANAGEMENT AND 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:

CRAIG BELL
Name of Person
VIZCAYA MANAGEMENT AND CONCIERGE
Firm/Company
950 SOUTH PINE ISLAND ROAD
Address
PLANTATION
City/State and Zip Code
INFO@VIZCAYAONCIERGE.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CRAIG BELL at (954) 727 8167
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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Vizcaya Management and 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 JANUARY 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:

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)

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:

CRAIG BELL

New Registered Office Address:

950 SOUTH PINE ISLAND ROAD,

Enter Florida street address,

PLANTATION

, Florida

City

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TALLAHASSEE FLORIDA

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.

Craig Bell
If Changing Registered Agent, Signature of New Registered Agent

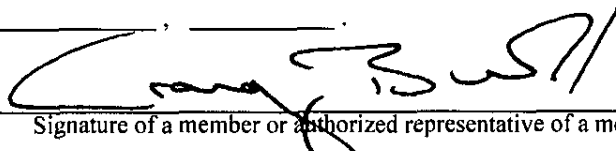
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	CRAIG BELL	950 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	KAREN BELL	950 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	<input 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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated _____



Signature of a member or authorized representative of a member

CRAIG BELL

Typed or printed name of signee

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