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M. THOMAS

DEC -1 2009 AS

EXXAMINER

# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: All Purpose 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:
JASON WARNICK Name of Person
All Purpose Concilerge, LLC Firm/Company
13395 SW 37 AVE
City/State and Zip Code  All Purpose legal (a) Yahoo, Lorson 30  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (352) 361-3659 37 WARNICK  Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$ Certificate of Status  Certified Copy (additional copy is enclosed)  \$60.00 Filing Fee, Certified 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

All Purpose Con	cherry, LLC	<b>-</b> .
( <u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our record lability Company)	<u>ls.</u> )
The Articles of Organization for this Limited Liability Company Florida document number <u>L0900017068</u>	were filed on $2 - 20 -$	29 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	7 S
Three Five Two Custom The new name must be distinguishable and end with the words "Limit	S. LLC	EGG T
The new name must be distinguishable and end with the words "Limit "L.L.C."	ed Liability Company," the designa	tion "HICI" or the abbreviation
Enter new principal offices address, if applicable:	13395 3W 3	7 RUE 0
(Principal office address MUST BE A STREET ADDRESS)	Ocala, FL	346233
Enter new mailing address, if applicable:	P.O. Box Ocala FL	6438
(Mailing address MAY BE A POST OFFICE BOX)	_ Ocala, FL	34478
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stre	eet address
<u></u>	, Flori	da
	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.

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

MGR = Manager

MGRM = N	Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
	Stephen Snyder	3835 NE 33rd St Swite 1 Deala, FL 34479	Add
			Add Remove
			Add Remove
			A A BE TO A BE
			30 M 10: 3
			Remove
D. If amen	ding any other information, enter cha	nge(s) here: (Attach additional sheets, if necessary	<i>).</i> )
_		•	
	. 1 10		
Dated	11/12/8	· · · · · · · · · · · · · · · · · · ·	
	/ -	ber or authorized representative of a member  WARWICK  ed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00