40000015798

(R	equestor's Name)	
(A	ddress)	
		
(A	ddress)	
	ity/State/Zip/Phone #)	
(0	nty/Otate/Zip/i none #/	
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name)	
(D	ocument Number)	
ertified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	
~:	w2	
6	Office Use Only	
	Office Use Only	
	S S S S S S S S S S S S S S S S S S S	
RECEIVE Juliai mi	HAS	
1017 JUL 31 68 18: 97	Office Use Only	
=	er [™] T	



600301855696

08/01/17--01001--010 **25.00

2017 JUL 31 PM 2:5

J. HARRIS

COVER LETTER

TO:

ro:	Registration Section Division of Corpor			
		Wisden	Consider LLC	
SUBJE	.CT:	Name of Limit	Concierge LLC ted Liability Company	
The end	closed Articles of Am	endment and fee(s) are subr	nitted for filing.	
Please	return all corresponde	ence concerning this matter t	to the following:	
		A.,	Name of Person	<u></u>
		Wis	Scient Conclude L	<u> </u>
			ward Boulerard Sc	
		Fort Layo	Jerchle Florida 33 City/State and Zip Code	<u> 301 </u>
	-	E-mailaddress: (t	Sizmonorerae. Com to be used for future annual report notifi	cation)
For fur	ther information cond	eerning this matter, please ca	all:	
	Andrew	(atterson	at (443) 558-E	253
	Name of Pe	erson	Area Code Daytime	Telephone Number
_	ed is a check for the t	ollowing amount:		
답 \$ 2:	5.00 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)
	Registration of Division of P.O. Box	G ADDRESS: on Section of Corporations 6327 ee, FL 32314	STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cen	n ations

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Wisdom Con	any as it now appears on our records.) Liability Company)
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on February 10, 2010 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	oility company here:
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1 E Broward Benjevard
(Principal office address MUST BE A STREET ADDRESS)	Bate 700
	Fort Landendale Florida 33301
Enter new mailing address, if applicable:	1 E Brucard Boulevard
(Mailing address MAY BE A POST OFFICE BOX)	<u> Builte 700</u>
	Fort Laude delé Flanda 33301
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, FloridaZip Code
New Registered Agent's Signature, if changing Registered Agent:	,
I have by account the appointment of accidental and the appointment of accidental and accidental and accidental and accidental accid	

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 605, 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 Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

Page 2 55

MGR = Manager AMBR = Authorized Member Address Type of Action <u>Title</u> <u>Name</u> Shanqueta Pattergan □ Remove □ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change _□ Add ☐ Remove _□ Change □ Remove ACIONAL Compse Remove ☐ Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

or removed from our records:

	•						
		<u>.</u>	_				
			'				
			-	 ··			
	<u></u>	<u> </u>		<u> </u>			
						 _	
			-				
				<u> </u> 			
				_			
				<u>! </u>			
							 .
				<u> </u>			
				1			
n effective date is list ote: If the date ins	her than the date of ted, the date must be spec- erted in this block doe date on the Departme	cific and cannot be p es not meet the ap	rior to date of fili plicable statuto	ing or more than 90		g.) Pursuant	
	es a delayed effec fter the record is		not an effec	ctive time, at	12:01 a.m.	on the	earlier
ited			7			Silvi TALL	2017 J
			7	<u> </u>			ار ا
	Signatu	ire of a member or a	iuthoriked repres		er	SSEE	31 PM
		7 11711	(2).)	atterson			

D.

Page 3 of 3

Filing Fee: \$25.00