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EXAMINER

COVER LETTER

TO:

Registration Section

Division of Corporations				
SUBJECT:	BEST CONCIE	ERGES GROUP, LLC		
SUBJECT.		ted Liability Company		
		,		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	_	, ,		
	ELEONORA TODARO Name of Person			
		name of reison		
,	BEST CONCIERGES GROUP, LLC			
		Firm/Company		
•	429 LENOX AVENUE SUITE 4W25			
	Address			
	MIAM	BEACH, FLORIDA 33139		
		City/State and Zip Code		
	info@	JETSETGROUPLLC.COM		
	E-mail address: (to be used for future annual report notific	cation)	
For further information of	concerning this matter, please of	eall:	,	
ELEO!	NORA TODARO	at (305)	798 30 95	
Name of Person		Area Code & Daytime		
Enclosed is a check for the	he following amount:	·		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Regist	ING ADDRESS:	STREET/COURING Registration Section Division of Corporation	ı	
Division of Corporations P.O. Box 6327		Clifton Building	•	
Tallah	assee, FL 32314 -	2661 Executive Cer Tallahassee, FL 323		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BEST CONCIERGES GROUP, LLC

(Name of the Limited Liability Compai (A Florida Limited L	iability Company)	s on our records.)		
The Articles of Organization for this Limited Liability Company	were filed on	02/22/2010	and assigned	
Florida document number L 10000020016			100 B	
This amendment is submitted to amend the following:		SSE SE		
A. If amending name, enter the new name of the limited liab	ility company her	e: `	1 3: 39 E. FLOR	
The new name must be distinguishable and end with the words "Limi "L.L.C."	ted Liability Compa	ny," the designation "I	LC" or the abbreviation	
Enter new principal offices address, if applicable:	429 LENOX A	429 LENOX AVENUE SUITE 4W25		
(Principal office address MUST BE A STREET ADDRESS)	MIAMI BEACH, FLORIDA 33139			
			·	
Enter new mailing address, if applicable:	429 LENOX A	AVENUE SUITE 4	W25	
(Mailing address MAY BE A POST OFFICE BOX)	MIAMI BEACH, FLORIDA 33139			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		our records, <u>enter t</u>	he name of the new	
Name of New Registered Agent: JET SET GI	ROUP, LLC		·	
New Registered Office Address: 429 LENOX	AVENUE SUI	TE 4W25		
Hegisteres of thee Hustians,	ter Florida street add	ress		
Miz	AMI REACH	F21 - 1	33139	

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

Page 1 of 2

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 **Title Address Type of Action Name** JET SET GROUP, LLC MGRM 429 LENOX AVENUE SUITE 4W25. **✓** Add Remove MIAMI BEACH, FLORIDA 33139 Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) APRIL 29 Dated_ Signature of a member or authorized representative of a member **ELEONORA TODARO** Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00