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APRIZO 2015

COVER LETTER

TO: Registration Se Division of Cor					
	FICE OF JUAN M. GA	RCIA, LLC			
SUBJECT:	Name of Lin	nited 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:			
	Juan M. Garcia				
		Name of Person			
	<u> </u>	Firm/Company	•		
	PO Box 348236	1 macompany			
		Address			
	Miami, FL 33234			g: N 2	
	j.m.garcia.esq@gma	City/State and Zip Code		2815 MAR	-
Fan Carthau in Carration		to be used for future annual report notifie	cation)	公園 2	4BREM
Juan M. Garcia	oncerning this matter, please c	305 519-1230		TO PR	il param
	f Person	at ()	Telephone Number	A CL STATE	
				, , ,	
Enclosed is a check for the	-				
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Certificate of Certified Cop (additional copy	f Status &	

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

TO ARTICLES OF ORGANIZATION OF

Law Office of Juan IVI. Garcia, LLC		
(<u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our reconited Liability Company)	rds.)
The Articles of Organization for this Limited Liability Comp. L10000071311 Florida document number	pany were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited</u> Concierge Esq, LLC	· · · · · · · · · · · · · · · · · · ·	
The new name must be distinguishable and end with the words "Limited	I Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRES.	<u></u>	
Enter new mailing address, if applicable:	N/A	2115 X
(Mailing address MAY BE A POST OFFICE BOX)		₹ 2
		124 125 125 125 125 125 125 125 125 125 125
	-	79 7
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		rds, enter the hame of the r
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addr	ess
	, ,	Florida
	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 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

Authorized Member being added or removed from our records:

MGR = M $AMBR = A$	Aanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			☐ Remove
			☐ Remove
			And And Remove
		<u></u>	TEN PH TO THE PH
			□ Remove
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			Add Remove
			□ Add
			Remove

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<u> </u>		
		
Effective date, if other than (The effective date must be specific,	the date of filing: (opticannot be prior to date of receipt or filed date and cannot be more than 90 days	ional) after
the date this document is filed by the	e Florida Department of State)	
March 16	2005 2015 (JML)	
*	2005 2015 This	
March 16	2005 2015 (Tomb)	
Dated March 16	Signature of a member or authorized representative of a member	
March 16	Signature of a member or authorized representative of a member	

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