

AUG 19/2016/FRI 11:01 PM

8/19/2016

FAX No.

Division of Corporations

001

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SALVATORI,WOOD,BUCKEL,CARMICHAEL & LOTTES

Account Number : I20030000112

Phone : (239)552-4100

Fax Number : (239)649-0158

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: JLH@SWBCL.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

ANNE PROPERTIES LLC

Certificate of Status	0
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2016 AUG 19 PM 4:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

AUG 22 2016

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AUG/19/2016/FRI 04:01 PM

FAX No.
(((H16000206394 3)))

P. 002

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Anne Properties, 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:

Kevin Carmichael, Esq.

Name of Person

Salvatori, Wood & Buckel, P.L.

Firm/Company

9132 Strada Place, Fourth Floor

Address

Naples, FL 34108

City/State and Zip Code

JLH@SWBCL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kevin Carmichael

239 552-4100
at ()

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

(((H16000206394 3)))

AUG/19/2016/FRI 04:02 PM

FAX No.

P. 003

((H16000206394 3)))

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Anne Properties, 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 July 25, 2011 and assigned
Florida document number L11000085371.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Concord Property Management, LLC

The new name must be distinguishable and contain 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:

New Registered Office Address:

Enter Florida street address

City

Florida

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

AUG/19/2016/FRI 04:02 PM

FAX No.

P. 004

((H16000206394 3)))

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

16
AUG 19
AM 4:02
STATE OF FLORIDA
ALLAHADSE, FLORIDA

AUG/19/2016/FRI 04:02 PM

FAX No.

P. 005

(((H16000206394 3)))

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

16 AUG 19 AM 11:55
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

FILED

E. Effective date, if other than the date of filing: _____ (optional)

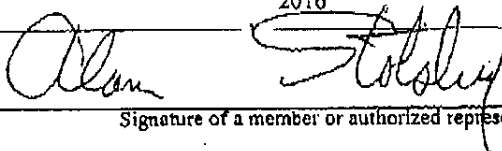
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated August 19

2016



Signature of a member or authorized representative of a member

Alan Stotsky

Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

(((H16000206394 3)))