

9/14/2016 10:32 AM  
 Division of Corporations  
 H160002282983ABC5  
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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 & SCOTTES  
 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

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
 CONCORD PROPERTY MANAGEMENT, LLC

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SEP 15 2016  
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**COVER LETTER**

(((H16000228298 3)))

**TO: Registration Section  
Division of Corporations**

**SUBJECT: CONCORD PROPERTY MANAGEMENT, 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 at (239) 552-4100  
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

(((H16000228298 3)))

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(((H16000228298 3)))

CONCORD PROPERTY MANAGEMENT, 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 08/19/2016 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:

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

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

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MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Alan Stotsky	728 SW 4th Street, Suite 1	<input type="checkbox"/> Add
		Ft. Lauderdale, FL 33312	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Bonnie Morrow	30190 Elmhurst Drive	<input checked="" type="checkbox"/> Add
		Madison Heights, MI 48071	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Brooke Stotsky Hering	400 Isle of Palms	<input checked="" type="checkbox"/> Add
		Ft. Lauderdale, FL 33301	<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

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P. 005

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

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Lined area for amendments.

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DEPARTMENT OF REVENUE  
TALLAHASSEE, FLORIDA

**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 9/19, 2016

*Alan Stotsky*  
Signature of a member or authorized representative of a member

Alan Stotsky  
Typed or printed name of signer

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