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

Account Number: I20030000112

Phone

: (239)552-4100

Fax Number

: (239)649-0158

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

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

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Electronic Filing Menu

Corporate Filing Menu

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COVER LETTER

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TO: Reg Div	gistration Sec rision of Corp	tion orations		(((((((((((((((((((((((((((((((((((((((
SUBJECT:	CONCORD	PROPERTY MANAGEMEN	IT, LLC .	
SOMME, L.		Name of Lim	ited Liability Company	
The encloses	d Articles of A	Amendment and fee(s) are sub	mitted for filing,	
Please return	all correspor	ndence 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	to be used for future annual report notifi	
		·	•	ication)
For further i	nformation oc	oncerning this matter, please c	all:	
Kevin Carat	sichael		239 552-4100 at()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is	a check for th	e following amount:		
\$25,001	Filing Fee	Cortificate of Status	☐ \$55,00 Fiting Rec & Certified Copy (additional copy is englosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy. (additional sopy 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

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•	·	Florida
<u>New Regi</u>	stered Office Address:	Enter Florida street address
Mary D - al	reased Office Address.	
Name of 1	lew Registered Agent:	25
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	he registered agent and/or registered office add of the new registered office address here:	dress on our records, enter the name of the
		in the second se
	. 	77.
(Mailing address M	AY BE A POST OFFICE BOX)	
Enter new mailing	address, if applicable:	\$ 100 mm
Principal office ad	dress MUST BE A STREET ADDRESS)	
• •	ıl offices address, if applicable:	
The new name must be	distinguishable and contain the words "Limited Liability Compa	any," the designation "LLC" or the abbreviation "L.L.C."
	me, enter the new name of the limited liability com	
	submitted to amend the following;	•
Florida document m	umber L11000085371	
	mization for this Limited Liability Company were file	ed on 08/19/2016 and assigned
	•	
	(Name of the Limited Liability Company as it no (A Florida Limited Liability C	Omeans)

New Registered Agent's Signature, if changing Registered Agents

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>	Name	Address	Type of Action
MGR	Alan Stotsky	728 SW 4th Street, Suite 1	🗖 Add 🗼
		Ft. Lauderdale, FL 33312	■ Remove
			Change
MGR	Bonnie Morrow	30190 Elmhurst Drive	= Add
		Madison Heights, MI 48071	□ Remove
	·		Change
MGR	Brooke Stotsky Hering	400 Isle of Palms	
		Ft. Lauderdale, FL 33301	□ Remove
			☐ Change
			
			O Remove
			Denance Constitution
<u></u>			Add
			D Remove
		<u> </u>	□ Change
			D Add
			□ Remove .
			Change

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tive date, if other than the date of filing: Heative date is listed, the date must be specific and cannot be prior to date of filing.	(optional) ag or more than 90 days after filing.) Pursuant to 6
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ecord specifies a delayed effective date, but not an effect	tive time, at 12:01 a.m. on the ear
e 90th day after the record is filed.	
9/18 2016	
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1 Titran	-
	nistive of a member
Signature of a member or authorized represe	Man 1 - C1 - Man and 4.

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Filing Fee: \$25.00

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