

L1100085371  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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(((H16000230603 3)))



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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : SALVATORI, WOOD, BUCKEL, CARMICHAEL & LOTTES  
Account Number : I20C30000112  
Phone : (239) 552-4100  
Fax Number : (239) 649-0158

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Email Address: JLH@SWBCL.COM

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

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SEP 19 2016  
J. HARRIS

**COVER LETTER**

(((H16000230603 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

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Salvatori, Wood & Buckel, P.L.  
Firm/Company

---

9132 Strada Place, Fourth Floor  
Address

---

Naples, FL 34108  
City/State and Zip Code

---

JLH@swbel.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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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 7/25/2011 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:

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)

2537 Lincoln Street, #5

Hollywood, FL 33020

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2537 Lincoln Street, #5

Hollywood, FL 33020

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

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

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	Bonnie Morrow	2537 Lincoln Street, #5	<input type="checkbox"/> Add
		Hollywood, FL 33020	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Brooke Stotsky Hering	2537 Lincoln Street, #5	<input type="checkbox"/> Add
		Hollywood, FL 33020	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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 TALLAHASSEE

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

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Multiple horizontal lines for amending information.

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 September 16, 2016

Signature of a member or authorized representative of a member

Kevin Carmichael, Authorized Representative

Typed or printed name of signer

Vertical stamp: SEP 16 AM 9:37 STATE OF FLORIDA

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