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COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:

Concordia Holdings 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:

Oscar J. Lindo

Name of Person

Firm/Company

10045 Cortez Blvd. Ste 154

Address

Brooksville, FI 34613

City/State and Zip Code

oscarj@lindomedicalcarellc.com

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

For further information concerning this matter, please call:

Oscar J. Lindo

352 584-1303

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)

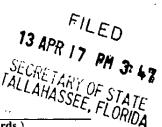
□\$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Concordia Holdings 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 Lia	ability Company were filed or	, <mark>02/12/2012</mark> ar	nd assigned
Florida document number			
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of	the limited liability compan	<u>y here</u> :	
7399 Prince George Court, LLC			
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability (company," the designation "LLC" of	or the abbreviation
Enter new principal offices address, if applica	ble:		
(Principal office address MUST BE A STREET	(ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B) B. If amending the registered agent and/o	or registered office address	on our records, enter the na	ame of the new
registered agent and/or the new registered off	<u>fice address here</u> :		
Name of New Registered Agent:	Lindo Capital Hold	ngs, LLC	
New Registered Office Address:	10045 Cortez Blvd	Ste 154	
	Enter Florida street address		
	Brooksville	, Florida <u>34613</u>	3
	City	Zip	p Code
New Registered Agent's Signature, if changing R	egistered 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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member **Address Type of Action** Title <u>Name</u> Oscar J. Lindo 10045 Cortez Blvd. Ste 154 **MGRM** Brooksville, Fl 34613 10045 Cortez Blvd. Ste 154 Add MGR Lindo Capital Holdings, LLC Brooksville, Fl 34613 Remove Remove

). If amending an	y other information, enter change(s) here: (Attach additional sheets, if necessary.)
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	Signature of a member or authorized representative of a member
By:	Oscar J. Lindo, MGR of Lindo Capital Holdings, LLC
•	Typed or printed name of signee

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Filing Fee: \$25.00