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J. SAULSBERRY EXAMINER JAN 2 8 2013

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Virtual Concierge Solutions, "LLC"
DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Todd Neary Name of Contact Person
Name of Contact Person
Firm/ Company
1200 Corporate Center Way, Suite 203
Address
Gellington, FL 33414 = ==
City/ State and Zip Code
+ neary e weiser 11p, com E-mail address: (to be used for future annual report notification)
Theory e weiser IIP, com
E-mail address: (to be used for future annual report notification).
For further information concerning this matter, please call:
Todd Negry at (561) 236-3475
Name of Contact Person Area Code & Daytime Telephone Number
The control of Control
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)
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Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address
Amendment Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT , TO ARTICLES OF ORGANIZATION OF

Virtual Cor	icierge	Solutions,	"LLC"			
(Name of the Limited	Liability Compa	nny as it now appears Liability Company)	on our records.)			
The Articles of Organization for this Limited L	iability Compan	y were filed on <u>4/</u>	25/2012	and a	ıssigned	l
Florida document number <u>L 120000</u>	56024.					
This amendment is submitted to amend the foll	owing:					
A. If amending name, enter the new name o	f the limited lia	bility company here	:			
The new name must be distinguishable and end wi "L.L.C."	th the words "Lim	nited Liability Compan	y," the designation "	'LLC" or the	e abbrev	iation
Enter new principal offices address, if applic	cable:					
(Principal office address MUST BE A STREE	ET ADDRESS)	· 				
				<u> </u>	2013	
Enter new mailing address, if applicable:					JAN 2	ij
(Mailing address MAY BE A POST OFFICE	BOX)			## 	ഗ	
		 			A	
B. If amending the registered agent and registered agent and/or the new registered o	or registered of	office address on o	ur records, <u>enter</u>	thecname		; new
Name of New Registered Agent:	Todo	(Neary		.		
New Registered Office Address:	1027	7 Allamar Ent	<u>nda Boul</u> er Florida sıreei ad	<u>evarel</u> Idress		
·	Palm Be	rach Garden	15, Florida		10	
		City		Zip Co	nde	

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 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

Page 1 of 3

If amending the Managers or Managing Members on our records, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Mana MGRM = Ma	nger nnaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Todd Neary	10277 Allamanda Blud. P.B. Gardens, FL 33410	_ 🔀 Add
		P.B. Gardens, FL 33410	Remove
m <u>grm</u>	Brian Noonan	10794 Oak Meadow Lane	Add
		Lake Worth, KL 33449	Remove
			_
			_ L Add
			Remove
		·	Add
			Remove
		For special section of the section o	
			Add
			Remove
			Add
			Remove

<i>).</i> 11 am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
ated	1/18/2013
	Signature of a member or authorized representative of a member
	BSIN MON
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00