

L12000060813

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

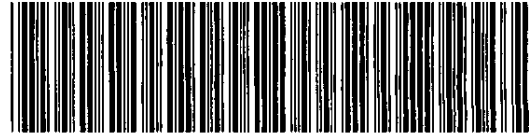
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
13 MAR 19 AM 11:56
TALLAHASSEE, FLORIDA

B. BOSTICK
MAR 19 2013
EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Concierge Care, 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:

David Stifter

Name of Person

Concierge Care, LLC

Firm/Company

8550 Touchton Rd. #333

Address

Jacksonville, FL 32216

City/State and Zip Code

dtstifter@gmail.com

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

For further information concerning this matter, please call:

David Stifter

Name of Person

904 803-2305

at ()

Area Code & Daytime Telephone Number

TALLAHASSEE, FLORIDA

13 MAR 18 AM 11:56

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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**

CONCIERGE CARE, 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 May 4th, 2012 and assigned
Florida document number L12000060813.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and end with 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: N/A

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 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.

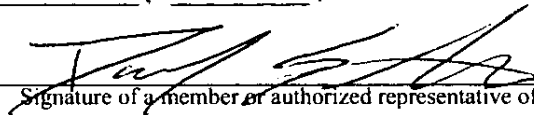
If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
MGRM = Managing Member

Title	Name	Address	Type of Action
MGRM	Linda Roberts	944 S. Peninsula Dr	<input type="checkbox"/> Add
		#104	<input checked="" type="checkbox"/> Remove
		Daytona, FL 32188	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated 3-12-13


Signature of a member or authorized representative of a member

David Stifter

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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