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COVER LETTER

TO: Registration Sec Division of Corp			
Concierg SUBJECT:	e Care, L.L.C.	<i>></i> -	
Sobster.	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	nitted for filing.	
Please return all correspo	ndence concerning this matter t	to the following:	
	Nancy Ralston		
		Name of Person	· · · · · · · · · · · · · · · · · · ·
	Concierge Care		
	***	Firm/Company	
	6817 Southpoint Par	kway, Suite 1503	
		Address	
	Jacksonville, FL 322	16	
		City/State and Zip Code	
	nralston@conciergec	arefl.com to be used for future annual report notific	cation)
For further information of	oncerning this matter, please ca	·	sation)
Nancy Ralston		904 861-0196	
Name o	f Person		Telephone Number
Enclosed is a check for the	ne 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 Compa (A Florida Limited	iny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L12000060813</u>	were filed on 5/4/2012 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and end with the words "Limited Liab	oility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	6817 Southpoint Parkway, Suite 1503
(Principal office address MUST BE A STREET ADDRESS)	Jacksonville, FL 32216
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	6817 Southpoint Parkway, Suite 1503 Jacksonville, FL 32216
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her Name of New Registered Agent: New Registered Office Address:	ffice address on our records, enter the name of the new se: Enter Florida street address Florida
	City Tap 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 the Managers or Authorized Member on our records, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

on L.			
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Robert Young	6817 Southpoint Parkway, Suite 1503	Add
		Jacksonville, FL 32216	□ Remove
MGR	Andy Gadd	6817 Southpoint Parkway, Suite 1503	■ Add
		Jacksonville, FL 32216	□ Remove
			□ Add
-		TALL AHASS	
		ر ''' ر	Remove
			 □ Add
			_□ Remove

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• ,	,
Sective date, if other than the date effective date must be specific, cannot be date this document is filed by the Floric	be prior to date of receipt or filed date and cannot be more than 90 days after
_ December 3	2014
ted CM.	alley Kalstr
Si	gnature of member or authorized representative of a member
Nancy Ralston	
 	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE
TALLAHASSEE, FLORE