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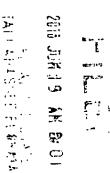
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Registration So Division of Con			
	RE CONCIERGE LLC		
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Processing Department		
		Name of Person	-
	MyCorporation		
	·	Firm/Company	
	26025 Mureau Road, Suite	: 120	
		Address	
	Calabasas, CA 91302		
		City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	ication)
For further information of	oncerning this matter, please c	all:	
MyCorporation		818 224-7639 at ()	
Name o	f Person	Area Code Daytimo	e Telephone Number
Enclosed is a check for the	he 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

SYCAMORE CONCIERGE LLC					
(<u>Name of the Limi</u>	ted Liability Company as It now (A Florida Limited Liability Com	appears on our records.)			
The Articles of Organization for this Limited Liability Company were filed on Os/15/2013 Florida document number L13000039894		and assigned			
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name of	of the limited liability compa	any here:			
The new name must be distinguishable and contain the	words "Limited Liability Company	," the designation "LLC" or the abl			, ,,
Enter new principal offices address, if appli	cable:		5": 14.5"	를 위 (기)	<u> </u>
(Principal office address MUST BE A STRE	ET ADDRESS)		7	iiti:	Water Co.
			***	<u></u> ≩:	
Enter new mailing address, if applicable:			• •	Sat Sat	
(Mailing address MAY BE A POST OFFICE			Į.	C>	
B. If amending the registered agent and registered agent and/or the new registered of		ess on our records, <u>enter</u>	the name	e of	the ney
Name of New Registered Agent:	MyCorporation Business S	ervices Inc.			
	2455 Hollywood Boulevard	d PSN #316			
	En	nter Florida street address			
	Hallywood	, Florida <u></u>	020		
	City		Zip Cod	e	

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, <u>Signature of New Registered Agent</u>
Dana Case, Manager of MyCorporation Business Services Inc.

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

	ithorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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			Change
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ffective	date, if other than the date of filing: (optional)	(A C A 2 A -	7
<u>ote:</u> If (we date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing the date inserted in this block does not meet the applicable statutory filing requirements, this date	e will not be l	isted as	il
ocument	's effective date on the Department of State's records.			
	the state of the state data but not an affective time at 12,01 a.m.	on the ear	rliar a	f
recor The 90	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. Oth day after the record is filed.	. Of the ear	iliei O	•
ated	June 14. 20/2.	3 -	2018	
	Telle & France			
	Signature of a member or authorized representative of a member	25 Jul		
		₩	<u>د. د</u> دع	
	Allen Furrer, Managing Member	···	25	
	Typed or printed name of signee	(= . t e	6.	

Page 3 of 3

Filing Fee: \$25.00