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COVER LETTER

TO: Registration Section
Division of Corporations

A Concierge Companion 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:

Frances Ceri<ola

Name of Person

Concierge Health Care Management Inc

Firm/Company

2875 Ocean Blvd

#200

Address

Palm Beach, FI 33480

City/State and Zip Code

fran@.conciergenursingservice.com

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

For further information concerning this matter, please call:

Frances Cericola

561 374-2593

Name of Person

Arca 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

A Concierge Companior	i, LLC		
(Name of the Limite.	d Liability Company A Florida Limited Liab	as it now appears on our record oility Company)	<u>s.</u>)
The Articles of Organization for this Limited Lia Florida document number L13000064756	bility Company we	ere filed on 05/02/2013	and assigned
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of	the limited liabilit	y company here:	
The new name must be distinguishable and end with the w	ords "Limited Liabilit	y Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:		
(Principal office address MUST BE A STREET	_		E
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B) B. If amending the registered agent and/oregistered agent and/or the new registered off	or registered offic	ce address on our record	s, enter the name of the new
Name of New Registered Agent:	Cami Lewis		
New Registered Office Address:	12882 Bryn	wood Preserve Lan	
	Naples	FI	orida 34105
		City	Zip Code
New Registered Agent's Signature, if changing R	egistered Agent:		
I hereby accept the appointment as registered provisions of all statutes relative to the prope accept the obligations of my position as regis being filed to merely reflect a change in the r company has been notified in writing of this company	r and complete po tered agent as pro egistered office ac	erformance of my duties, a ovided for in Chapter 605,	nd I am familiar with and F.S. Or, if this document is

Page 1 of 3

It Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = A	uthorized Member		
<u>Title</u>	Name	Address	Type of Action
MGRM	Conderge Health Care Management, Inc	2875 Ocean Blvd #200	_b Add
		Palm Beach, FI 33480	□ Remove
MGR	Frances Cericola	2875 Ocean Blud # 200	-
		Palm Beach FC	C Remove
			Add
			□ Remove
	<u> </u>	74. (A.) (A.) (A.) (A.) (A.) (A.) (A.) (A.	□ See move
···		E F COR	Add Remove
			□ Add
			Remove

Effective date, if other than the date of fili	ng: 6/25/14	(optional)	
The effective date must be specific, cannot be prior to the date this document is filed by the Florida Departm	ent of State)	•	
Dated June 25	. 2014.	6/25/2014.	
Canil	4 . 4 . 10	·	
Cami Lewis	a member or authorize	ed representative of a member	

Page 3 of 3

Filing Fee: \$25.00

