L14 600 176245

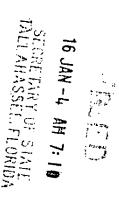
(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL.
(Bu	isiness Entity Na	me)
(Do	ocument Number)
Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



300280061843

01/04/16--01002--015 **25.00



JAN 05 2016 J SHIVERS

COVER LETTER

TO: Registration Section Division of Corporations									
SUBJECT: CONCIERGE 247 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:									
Marcos Traficate Name of Person									
Magnacore LLC Firm/Company									
55 SE 6th ST #1607									
Miani, FL 33131 City/State and Zip Code									
E-mail address: (to be used for future annual report notification)									
For further information concerning this matter, please call:									
Marcol Traficate at (561) 827 5666 Name of Person Area Code Daytime Telephone Number									
Enclosed is a check for the following amount:									
\$25.00 Filing Fee Solution Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) 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 247.110

(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 11 13 14 and assigned Florida document number 1400 176245
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
The new name must be distinguishable and contain 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:
New Registered Office Address: Enter Florida street address Florida
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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = M $AMBR = A$	lanager .uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			Add
			☐ Remove
			☐ Change
			Add
		/	☐ Remove
			☐ Change
			Add
			□ Remove
			Change
			Add
			Remove
			Change
/			□ Add
			☐ Remove
			□ Change

					-
					-
					-
			 "		
					_
					-
					_
		•			
	/-				-
			<u>_</u>		_
					_
,				F ₂ 2 _	
					5
		.		* ! ! ! ! ! ! ! ! ! !	- ,
				<u> </u>	- ;**
/				9 A 7	_ ;
,					ξA se Section
			•	9 4	

Page 3 of 3

Filing Fee: \$25.00