## L14000180994

(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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## **COVER LETTER**

	istration Sec ision of Corp			
SUBJECT:	People Solu	tions Consulting LLC		
SUBJECT.		Name of Limi	ted Liability Company	<del></del>
The enclosed	i Articles of /	Amendment and fee(s) are sub-	nitted for filing.	
Please return	all correspor	ndence concerning this matter (	to the following:	
		Mary McKaig		
			Name of Person	
		People Solutions Consultin	g LLC	
			Firm/Company	
	Firm/Company 12143 Kirby Smith Road Address			
			Address	
		Orlando, FL 32832		
			City/State and Zip Code	
		LakeNonaConcierge@outlo		
		E-mail address: (t	o be used for future annual report notif	ication)
For further i	nformation co	oncerning this matter, please ca	ill:	
Mary McKa	iig		407 282-1634 at (	
-	Name of	Person	Area Code Daytime	e Telephone Number
Enclosed is a	a check for th	e following amount:		
\$25.001	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

People Solutions Consulting LLC	
(Name of the Limited	d Liability Company as it now appears on our records.) A Florida Limited Liability Company)
	ability Company were filed on November 21, 2014 and assigned
florida document number L14000180994	·
This amendment is submitted to amend the follow	wing:
a. If amending name, enter the new name of	the limited liability company here:
Lake Nona Concierge Services LLC	
he new name must be distinguishable and contain the wo	ords "Limited Liability Company," the designation "LLC" or the abbreviation "L.L. Garage
Enter new principal offices address, if applica	ble:
Principal office address MUST BE A STREET	ADDRESS)
	· · · · · · · · · · · · · · · · · · ·
Inter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE B	3OX)
B. If amending the registered agent and/o	or registered office address on our records, enter the name of the
egistered agent and/or the new registered off	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	theer van aa street aan en
	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 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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = M $AMBR = A$	lanager .uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			Change
			Add
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	Signature of a membe	wong	ex	h.va	

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Filing Fee: \$25.00