

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
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COVER LETTER

TO: Registration Sé Division of Cor			
	Concierge, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub	-	•
	Robin Smith-Martin		
		Name of Person	
	Progressive Strategy Grou	p, LLC	
		Firm/Company	
	1720 N. Roosevelt Blvd.		
		Address	
	Key West, FL 33040		2016 2016 2016
For further information e	E-mail address: (oncerning this matter, please c	to be used for future annual report mall:	otification)
Rob Smith-Martin		305 890-6163	FESTATE TO THE THE
Name o	f Person		ime 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

Momentum Concierge, LLC		
(Name of the Limited Liability Co	mpany as it now appears on our records.) ited Liability Company)	
(TT MICE EMI	ice Businey Company,	
he Articles of Organization for this Limited Liability Comp	any were filed on 10/15/2015	and assigned
lorida document number L15000175906		
•		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited	liability company here:	
<u> </u>		
he new name must be distinguishable and contain the words "Limited L	Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
•	,	
nter new principal offices address, if applicable:		
<u> Principal office address MUST BE A STREET ADDRESS</u>	0	
	<u></u>	<u>~ `2</u>
	L A	
inter new mailing address, if applicable:	بت ک دع	= G
Mailing address MAY BE A POST OFFICE BOX)	(1)	2 ~ m
numag unuress MAT BE AT OST OFFICE BOXY		\$ T -
3. If amending the registered agent and/or registered	d office address on our records to	ntor the name of the
egistered agent and/or the new registered office address		itter the name of the
		
Name of New Registered Agent:		
Name of New Registered Agent.		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	ia
	City	Ziv 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</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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fective date, if other	than the date	of filing:				(optio	nall		
netfective date is listed, some effective date inserte ocument's effective date	the date must be spo d in this block do	ecific and cannotes not meet the	ne applicable			ys after	filing.) P		
e record specifies a The 90th day afte			but not an	effective t	ime, at 12	2:01 a	.m. or	the ear	lier (
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Filing Fee: \$25.00