

L15000201831

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

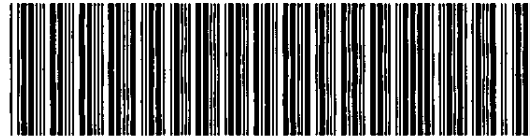
(Document Number)

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FILED
2016 JAN 13 PM 1:31
SECRETARY OF STATE
TALLAHASSEE FLORIDA

JAN 14 2016
J. HARRIS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PRIVE CONCIERGE

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:

MONIQUE FLUKER

Name of Person

Firm/Company

PO BOX 8710

Address

TAMPA FL 33674

City/State and Zip Code

MLRF35@GMAIL.COM

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

For further information concerning this matter, please call:

MONIQUE FLUKER

813 220.5088
at ()

Name of Person

Area 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**

PRIVE CONCIERGE LLC

(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 DEC 2, 2015 and assigned Florida document number L15000201831.

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:

1412 E. COMANCHE AVE

(Principal office address MUST BE A STREET ADDRESS)

TAMPA FL 33604

Enter new mailing address, if applicable:

PO BOX 8710

(Mailing address MAY BE A POST OFFICE BOX)

TAMPA FL 33674

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:

MONIQUE FLUKER

New Registered Office Address:

1412 E. COMANCHE AVE

Enter Florida street address

TAMPA

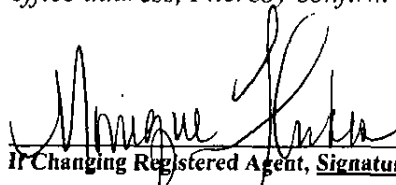
City

Florida 33604

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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ADRIEN JULIOUS	PO BOX 260577	<input type="checkbox"/> Add
		TAMPA FL 33685	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ASHLEY BUTLER	PO BOX 260577	<input type="checkbox"/> Add
		TAMPA FL 33685	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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2006 JUN 13 PM 1:00
 PALM BEACH COUNTY
 CLERK OF COURT
 400 S. FLORIDA AVE
 WEST PALM BEACH, FL 33411

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

E. Effective date, if other than the date of filing: JANUARY 15, 2016 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 7 JANUARY 2016

Handwritten signature of Monique Fluker

Signature of a member or authorized representative of a member

MONIQUE FLUKER

Typed or printed name of signee

2016 JAN 13 PM 1:31 STATE OF FLORIDA TALLAHASSEE