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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: American Home Concierge 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:
Diana Gerdts Name of Person
American Home Concierge LLC Firm/Company
7803 Villa Nova Dr. Address
Boca Raton, FL. 33433 City/State and Zip Code dianager Ats 2 hotmail. Com E-mail address: (to be used for future annual report notification)
<u>Liana ger Utsahotmail.</u> Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Diana Gerdts at (561) 613-7771 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee & \Bigcup \\$55.00 Filing Fee & \Bigcup \\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) \$\Bigcup \\$25.00 Filing Fee & \Bigcup \\$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 ARTICLES OF ORGANIZATION

American Home Concierge LLC

(<u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears on our records.) d Liability Company)
The Articles of Organization for this Limited Liability Compar Florida document number <u>L 15000203559</u> .	ny were filed on 12/07/2015 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited list \mathcal{N}/\mathcal{A}	ability company here:
The new name must be distinguishable and contain the words "Limited Lia	ability 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)	7803 Villa Nova Dr. Boca Raton, Fl. 33433
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u>	7803 VIlla NovaDce 11 Boca Raton 瓦 334第3
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he	office address on our records, enter the name of the new ere:
	a Gerdts
New Registered Office Address: 7803	Villa Nova Dr. Enter Florida street address
Воа	Ration , Florida 33433 City Zip Code
New Registered Agent's Signature, if changing Registered Agen	ıt:

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 **Address Type of Action Title Name** Nelson J. Gonzalez 18494 Via Di Sovrento DAdd MGR Boca Raton F. 33496 7803 Villa Nova Dr. Ochange MGR AMBR Diana Gerdts Boca Raton FL. 33433 DAdd ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change ---⊡ Add Remove Change ☐ Add ☐ Remove

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ated	8/11 Diana	Signature of a	member or author	ized representative of name of signee	a member	6 AUG 22 PH 2: 28 ECREPANDE STATE LLAHUSSPELF ORID	16

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