L14000155402

(Requestor's Name)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	_
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Special Instructions to Filing Officer:	
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J. HARRIS

COVER LETTER

SUBJECT:	MAWCY'S CONC	LERGE SERVICE ited Liability Company	5 46
The enclosed Articles o	f Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresp	condence concerning this matter	to the following:	
Division of Corporations			
	MANCY'S CON	11/FILCE 4 HOME Firm/Company	ubteH Services LLC
	484 Lo	KE OF the WO	rods Ar
	Venke	FI 3U293 City/State and Zip Code	
	MMCVC COM C.	o be used for future annual report notifi	arron, com
For further information	concerning this matter, please ca	dl:	
Name	of Person	at (Area Code Daytime	OZIG Telephone Number
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy

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



October 17, 2017

NANCY SCOTT 484 LAKE OF THE WOODS DR VENICE, FL 34293

SUBJECT: NANCY'S CONCIERGE SERVICES LLC

Ref. Number: L16000155402

We have received your document for NANCY'S CONCIERGE SERVICES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.", also are no longer acceptable. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 617A00020873

2017 GET 26 AM II: 38



September 29, 2017

NANCY SCOTT 484 LAKE OF THE WOODS DR VENICE, FL 34293

SUBJECT: NANCY'S CONCIERGE SERVICES LLC

Ref. Number: L16000155402

We have received your document for NANCY'S CONCIERGE SERVICES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Page 2 & 3 is missing.

Name of business and document number is missing.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 217A00019762

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NANCYS CONCLETEGE (Name of the Limited Liability Compar (A Florida Limited L	SERUCES L. ny as it now appears on our r iability Company)	Cecords.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L (600) 155402</u>	were filed on $8/\lambda_3$	3016 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability of Concience and Hom. The new name must be distinguishable and contain the words "Limited Liability of the limited liability of the lia		TERVICES LLC
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)	484 LAKE of Venue Fl	the Words Dr 34293
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		cords, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street	uldress
		Florida
Now Design and Association of the main and Association	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		I fouther would to make the with the
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete,		

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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 almending 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 Type of Action Title Name | Address □ Add ___ Change _ 🗆 Add ☐ Remove _____ Change ☐ Remove ____ Change __□ Remove _□ Remove _□ Change ____ Add _□ Remove

☐ Change

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effective date, if other than the date of filing:	ial)	20 2 0	
effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after to e: If the date inserted in this block does not meet the applicable statutory filing requirements, this dument's effective date on the Department of State's records.	ling.) Pursua late will no	nt to 605.0 ot be listed	1207 1 as
record specifies a delayed effective date, but not an effective time, at 12:01 and not an effective time, at 12:01 and not appear the record is filed.	m. on the	e earilei	r of
ed October 7,2017		rs5 em	
Mana South	-	H7 ()	. 2
Signature of a member or authorized representative of a member		그	•
/ -/ 1		9.2	•
Alavar Santi			
NANCY SCOTT Typed or printed name of signce	<u> </u>		

Page 3 of 3

Filing Fee: \$25.00