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(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	#)
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## **COVER LETTER**

SUBJECT:	Neighborho	ood Concierge LLC		
SOBILET.		Name of Limi	ited Liability Company	
The enclosed	l Articles of .	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Maria Dede		
			Name of Limited Liability Company  and fee(s) are submitted for filing.  erning this matter to the following:  ede  Name of Person  rhood Concierge LLC  Firm Company  harlton Lane  Address  Florida 32827  City/State and Zip Code  e@insn.com  E-mail address: (to be used for future annual report notification)  s matter, please call:  at (201 / Area Code)  Daytime Telephone Number  amount:  Filing Fee & 🔼 \$55.00 Filing Fee & □ \$60.00 Filing Fee.	
		Neighborhood Concierge I		
			Firm Company	<del></del>
		11950 Charlton Lane		
			Address	
		Orlando, Florida 32827		
		mariadede(û,msn.com	City/State and Zip Code	
		E-mail address: ()	to be used for future annual report no	otification)
For further in	nformation c	oncerning this matter, please co	ıll:	
Maria Dede			at ( )	
	Name of	f Person	Area Code Dayti	me Telephone Number
Enclosed is a	check for th	re following amount:		
□ \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy

MAILING ADDRESS:

ъ,

TO:

Registration Section Division of Corporations

> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FI, 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

Neighborhood Concierge LLC		
(Name of the Lim	ited Liability Company as it now ap (A Florida Limited Liability Compa	pears on our records.) ny)
The Articles of Organization for this Limited I Florida document number 1, 16000213104		November 2016 and assigned
This amendment is submitted to amend the fol		
A. If amending name, <u>enter the new name o</u>	of the limited liability compan	y here:
The new name must be distinguishable and contain the	words "Limited Liability Company."	
Enter new principal offices address, if appli	cable:	7
(Principal office address MUST BE A STREA	ET ADDRESS)	
		<u> </u>
		P
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<del></del>
	<del></del>	
L	4.*	s on our records, enter the name of the n
registered agent and/or the new registered o	office address here:	
Name of New Registered Agent:	Maria Dede	
New Registered Office Address:	11950 Charlton Lane	
New Registered Office Address.	Enter	Florida street address
	Orlando	, Florida <u>32827</u>
	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, enter the title, name, and address of each person\_being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Richard Coiro	11950 Charlton Lane	
		Orlando, Florida 32827	
		-	■ Remove
			☐ Change
MGR	Maria Dede	11950 Charlton Lane	■ Add
		Orlando, Florida 32827	□ Remove
			☐ Remove
			☐ Change
		<del></del>	
			Remove
			□ Change
			□ Remove
			Change
			□ Remove
			Change

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		,		_
Effective date, if other than the If an effective date is listed, the date mu Note: If the date inserted in this b document's effective date on the E	lock does not meet the applicabl	date of filing or more than 9	<b>(optional)</b> 0 days after filing.) Pursuant to 6 ments, this date will not be l	505,0207 isted as
ne record specifies a delaye The 90th day after the rec		an effective time, at	12:01 a.m. on the ea	rlier o
Dated August 26th	2019			
Mai	a Dede Signature of a member or authorize	,		
	Signature of a member or authorize	red representative of a men	ber	

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Filing Fee: \$25.00