

217000040930

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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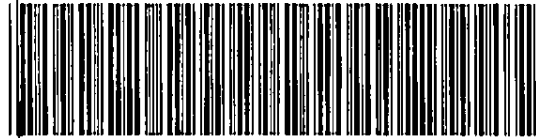
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 JAN 26 AM 9:00

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JAN 29 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 5 Star 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:

Angel Marth
Name of Person

5 Star Concierge, LLC
Firm/Company

1 Glen Royal Parkway PH 1608
Address

Miami Florida 33125
City/State and Zip Code

info@5starconciergefl.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Angel Marth
Name of Person

at (786)
Area Code

328-7670
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**

5 Star 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 2/21/17 and assigned Florida document number L17000040930.

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:

(Principal office address MUST BE A STREET ADDRESS)

1 Glen Royal Parkway PH1608
Miami, Florida 33125

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1 Glen Royal Parkway PH1608
Miami Florida 33125

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:

Angel Marti

New Registered Office Address:

1 Glen Royal Parkway PH1608

Enter Florida street address

Miami

City

Florida

Zip Code

33125

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

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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>
<u>P</u>	<u>Angel Marti</u>	<u>1 glen royal parkway PH1608</u>	<input checked="" type="checkbox"/> Add
		<u>Miami Florida 33125</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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[illegible]

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.

Dated January 23, 2018

Angel Marti

Typed or printed name of signee

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