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(Re	questor's Name)	
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Special Instructions to	Filing Officer:	
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D. SCOTT APR 3 2017

COVER LETTER .

TO: Registration S Division of Co				
SUBJECT: Property C	oncierge Services, LLC			
	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspondent	ondence concerning this matter	to the following:		
	William E. Farrington, II			
		Name of Person		
	Wilson, Harrell, Farrington	n, Ford		
		Firm/Company		
	307 S. Palafox Street			
	Mid- 10 10 10 10 10 10 10 10 10 10 10 10 10	Address		
	Pensacola, FL 32502			
		City/State and Zip Code		
	mysetay@gmail.com			
For further information of	E-mail address: (concerning this matter, please c	to be used for future annual report notifi all:	cation)	SECULIA
William E. Farrington, I	1	at (850) 438-1111		题3加
Name of Enclosed is a check for t	of Person the following amount:	at (850 Area Code) 438-1111 Daytime	Telephone Number	FILED M 9:53
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fe Certificate of St Certified Copy	e, latus &

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

Property Concierge Services, LLC		
(<u>Name of the Limited Liat</u> (A Flor	bility Company as it now appears on our records.) rida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number <u>L176000</u> 64904		and assigned
This amendment is submitted to amend the following:	:	
A. If amending name, enter the new name of the li	imited liability company here:	
The new name must be distinguishable and contain the words "L	Limited Liability Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		·
(Principal office address MUST BE A STREET ADI	DRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regregistered agent and/or the new registered office ac Name of New Registered Agent: New Registered Office Address:	gistered office address on our records, <u>en</u> ddress here: Enter Florida street address	ter the same of the new the same of the same o
<u> </u>	, Florida	
	Ciţy	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>	Address	Type of Action
MGR	Brian Gutshall	12780 Island Spirit Drive	
		Pensacola, FL 32506	■ Remove
			□ Change
MGR	Loretta Gutshall	P. O. Box 531231	■ Add
		Henderson, NV 89053	Remove
			Change
			Add
			Remove
			Change
			30 Remove
			AllASSEE FLORIDA
			□ Add
	•		□ Remove
			☐ Change
			□ Add
•			☐ Remove
			□ Change

D. II ame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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` Effecti	ive date, if other than the date of filing: (optional)	
(If an effi Note:	ective 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 605.0 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ent's effective date on the Department of State's records.)207 (3) I as the
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed.	r of:
Dated .	MARCH, 23 2017	
	LE H	
	Signature of a member or authorized representative of a member WILLIAM E. FARRINGTON II Typed or printed name of signee	
	WILLIAM É. FARRINGTONIT	
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00