L17000105640

(Re	questor's Name)	
(Adı	dress)	
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PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Name)	
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(Do	cument Number)	 <u>-</u>
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Certified Copies	Certificates (of Status
Сентов Соргез	Octanicates (
Special Instructions to Filin	g Officer:	

Office Use Only

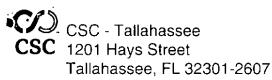


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2023 L-C 12 PH 12: 40

RECEIVED
2023 DEC 12 PH 3: 22

12/12/22



850-558-1500, Ext: 61592

To: Department Of State, Division Of Corporations

From: Alexxis Weiland-Sorenson

Ext: 61592 Date: 12/12/23

Order #: 1333298-10

Re: Concours Club Partners, LLC Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Amount to be deducted from our State Account: \$25.00 - FL State Account Number:

12000000195

Authorization:

Please take the following action: File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

TO:

Registration Section
Division of Corporations

Tallahassee, FL 32314

Concours Club Partners, LLC SUBJECT: _ 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: Molly Gilhart Name of Person Trilogy Real Estate Group Firm/Company 520 W. Erie St., Ste. 100 Address Chicago, IL 60654 City/State and Zip Code mgilhart@trilogyreg.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Molly Githart Name of Person Daytime Telephone Number Enclosed is a check for the following amount: □ \$30.00 Filing Fee & 25.00 Filing Fee □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Concours Cl	ub Partners, LLC		
(<u>Name of the Limited Liahility Com</u> (A Florida Limited	nany as it now annear d Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Compa	ny were filed on	05/11/2017	and assigned
Florida document numberL17000105640			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company he	re:	
N/A			
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the de	esignation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1 Concours W	ay	
(Principal office address MUST BE A STREET ADDRESS)	Opa-Locka, F	L 33054	
· · · · · · · · · · · · · · · · · · ·			19 10 10 10 10 10 10 10 10 10 10 10 10 10
			<u> </u>
Enter new mailing address, if applicable:	1 Concours 1	Way	
(Mailing address MAY BE A POST OFFICE BOX)	Opa-Locka, F	FL 33054	N ::=
			EK (gin
			22:
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our re	ecords, <u>enter the na</u>	me of the new registere
Name of New Registered Agent: N/	A		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:			
	Enter Flori	ida street address	
		, Florida _	
	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
		···	□Add
			□Remove
			□Change
			□Add
			☐ Change
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Filing Fee: \$25.00