

L17000 143392

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

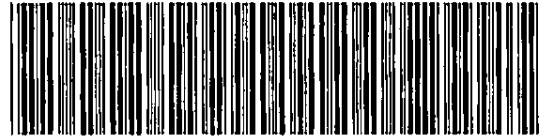
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07/28/17--01010--020 **25.00

FILED
17 AUG 30 AM 11:49
CLARK COUNTY, FLORIDA

AUG 31 2017
YULKER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 2, 2017

SHANIKA JOHNSON
4903 STONE ACERS CIRCLE
ST CLOUD, FL 34771

SUBJECT: EXECUTIVE CONCIERGE SOLUTION, LLC
Ref. Number: L17000143392

We have received your document for EXECUTIVE CONCIERGE SOLUTION, 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 1 MISSING

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.

Yasemin Y Sulker
Regulatory Specialist II

Letter Number: 417A00015637

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Executive Concierge Solution
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:

Shanika Johnson
Name of Person

Executive Concierge Solution
Firm/Company

4903 Stone Acres Circle
Address

St Cloud FL 34771
City, State and Zip Code

sm818@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shanika Johnson at (407) 595-2999
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

executiveconcergesolution

(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 7/3/17 and assigned
Florida document number 47000143392.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

Enter Florida 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>	<u>Address</u>	<u>Type of Action</u>
MGR	Shanika Johnson	4903 Stone Acres Cir	<input checked="" type="checkbox"/> Add
		St Cloud FL 31771	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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17 AUG 31 AM 10:49
ST. AUGUSTINE FLORIDA

17 AUG 30 AM 11:49
HARRISBURG, FLA 100

17 AUG 30 AM 11:49
 11 AUG 30 AM 11:49
 11 AUG 30 AM 11:49

7/3/17

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

Signature of a member or authorized representative of a member

Shanika Johnson
Typed or printed name of signee