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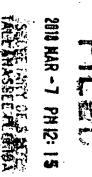
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COVER LETTER

TO:						
SUBJI	ect: <u>Outs</u>	ovrud Gun Nam	e of Limite	Crunk/ Serviced Liability Company	15, PLL	<u>C</u>
The en	closed Articles of A	mendment and fee(s)	are subm	nitted for filing.		
Please	return all correspon	dence concerning this	matter to	the following:		
		В	re H	Silverman		
		~~	· · · · · · · · · · · · · · · · · · ·	Name of Person		···
			**.	Firm/Company		
		2:	7 Sp	parta Load	2	
					Non NJ 07078 Code Man pllc. Com annual report notification) 281-608 Daytime Telephone Number See See Certificate of Status &	
Division of Corporations SUBJECT: Dut Sovud Gueral Grand Grand Corporations Name of Limited Liab The enclosed Articles of Amendment and fee(s) are submitted to the fill the submitted of the fill the submitted for the fill the submitted for further information concerning this matter to the fill the submitted for further information concerning this matter, please call: But Silve Man Name of Person Enclosed is a check for the following amount: \$\frac{1}{2}\$	Hills NJ	07	078			
		bsilv E-mail a	r(rwa ddress: (to	o be used for future annual for	plic. Ca	on)
For fur	ther information co					
<i>B</i>		Person		at (646)	281 - 6 Daytime Tele	ephone Number
Enclos	ed is a check for the	following amount:				
5 4. \$2	5.00 Filing Fee			□ \$55.00 Filing Fee & Certified Copy (additional copy is enclo		Certificate of Status & Certified Copy

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**

Ovtsowed General (Name of the Limited Liability Comps (A Florida Limited	Court Services,	PLLC	
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L 17000195787</u> .	were filed on $9/30/17$	and assi	gned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
Concierge Law PLLC	<u></u>		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.I	C."
Enter new principal offices address, if applicable:	-1		
(Principal office address MUST BE A STREET ADDRESS)		32 S	,,,,

		20 94	distance " .
Enter new mailing address, if applicable:	25		
(Mailing address MAY BE A POST OFFICE BOX)	d to amend the following: the new name of the limited liability company here: Law PLLC nable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." standarders, if applicable: UST BE A STREET ADDRESS) stered agent and/or registered office address on our records, enter the name of the new enew registered office address here: istered Agent: Enter Florida street address Florida Florida		
			A CE 1-5
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		nter the name	of the new
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address	· · · · · · · · · · · · · · · · · · ·	
		here: designation "LLC" or the abbreviation "L.L.C." on our records, enter the name of the new	
	, Florid , Florid	I a Zip Code	Was-117
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	Brett Silverman	315 V 36th St 200 FLOOR New York New York louis	⊠ Add
AMOR			□ Remove
			Change
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	Article VI Management Shall Now Had:	
-	, .	
-		
	72 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
-	Biett Silverman managed company. The name and add	dress.
	Birth Silveman	(3 :
	316 W 36th Street, 200 Ferr	
_	New York NY 10018	
-		
-		
	44 / /	
Effect (If an ef	ive date, if other than the date of filing: March 1,2018 (optional) 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 605.02	.07 (3)(b
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed and ent's effective date on the Department of State's records.	as the
	ord 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.	of:
Dated	3/5/18	
		_
	Signature of a member or authorized representative of a member	Ì
		.
	But Silverinam ella manilia y chiamon Laurel	LL
	Brett Silverman, sale member y silver tou pr Typed or printed name of signee	LL
	Typed or printed name of signee	1

Page 3 of 3

Filing Fee: \$25.00