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SECRETARY OF STATE OIVISION OF CORPORATIONS

N COOPER MAY 02 2018

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Distinct Property Management & 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:
Courtney Moore Name of Person
Distinct Property Management - Concierge
1327 Piper Blvd Address
Naples FL 34116 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Courtney More Name of Person at (239) 207-2780 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$55.00 Filing Fee & Certificate of Status \$\Bigcup \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) 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

TO ARTICLES OF ORGANIZATION OF

•	A Fiorida Limited Liability	Company)	
The Articles of Organization for this Limited Lie Florida document number <u>L\7002021</u>		iled on 9 29 12	2017 and assigned
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liability co	ompany here:	
The new name must be distinguishable and contain the we	ords "Limited Liability Corr	npany," the designation "Ll	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:		
(Principal office address MUST BE A STREE)	TADDRESS)		SECRET OLVISION 18 APR
Enter new mailing address, if applicable:			FILE DF CO
(Mailing address MAY BE A POST OFFICE I	<u></u>		PM 1: 31
B. If amending the registered agent and/oregistered agent and/or the new registered of		ddress on our recor	10
Name of New Registered Agent:	Courtney	Moore	
New Registered Office Address:		Enter Florida street addi	ress
			Florida
	Cit	i.	Zip Code

If Changing Registered Agent, Signature of New 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

New Registered Agent's Signature, if changing Registered Agent:

company has been notified in writing of this change.

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Courtney Moore		Add
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ii an ci <u>Note:</u>	ive date, if other than the date of filing: 124, 2018 (optional) fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursu If the date inserted in this block does not meet the applicable statutory filing requirements, this date will neet's effective date on the Department of State's records.		
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the 90th day after the record is filed.	ne earli	er of
Dated	April 24th. Compression of a member or authorized representative of a member Courtney Moore Typed or printed name of signee		
	Comone		
	Signature of a member or authorized representative of a member		
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Filing Fee: \$25.00