## 117000 202105

(Requestor's Name)	·	
(Address)		
(Address)		
(City/State/Zip/Phone #)	<del></del>	
PICK-UP WAIT	<b>/</b> AIL	
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

Office Use Only



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## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT: <u>Dist</u>	nct Property Name of Limit	Management of	oncurge 11c
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Courtney	Mame of Person	<u>.                                    </u>
	Distinct Prop	erty Marognent	"Concerge 11c
	1327 Piper	BlVd Address	
	Naples, Fr	- 34110 City/State and Zip Code	
	distincton	C & Smon . Com to be used for future annual report notifie	cation)
For further information co	oncerning this matter, please ca	ill:	
Covancy	Moore region	at (239) 207-7 Area Code Daytime	2780 Telephone Number
Enclosed is a check for th	ne following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed.	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
MAILI	NG ADDRESS:	STREET/COURIE	R ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2018 DEC 10 PM 1:55

Distinct Property Management & Concurge ECHECAY OF STATE (Name of the Limited Liability Company) ALLAHASSEE, FL

Name of New Registered Agent:  New Registered Office Address:	Enter Florida street address, Florida City Zip Code
Name of New Registered Agent:	Emer Florida street address
Name of New Registered Agent:	
egistered agent and/or the new registered on	
registered agent and/or the new registered offi	
B. If amending the registered agent and/o	or registered office address on our records, enter the name of the 1
Mailing address MAY BE A POST OFFICE B	BOX)
Enter new mailing address, if applicable:	
Principal office address MUST BE A STREET	T ADDRESS)
Enter new principal offices address, if applical	
The new name must be distinguishable and contain the wor	ords "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."
Diction Home intotal	la A Concili II a
A. If amending name, <u>enter the new name of t</u>	the limited liability company here:
This amendment is submitted to amend the follow	awing:
Florida document number <u>L17002021</u>	105_

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>	Type of Action
			Remove
			☐ Change
		Remove	
			Change
		Add	
			□ Remove
		Change	
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	<del></del>	□ Remove	
			Change
			Add
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			Change

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Constitute data. (Continue de la Alexa de Citado	(
ffective date, if other than the date of filing:  an effective date is listed, the date must be specific and cannot be prior to tote:  If the date inserted in this block does not meet the applicab ocument's effective date on the Department of State's records.	
e record specifies a delayed effective date, but not a The 90th day after the record is filed.	
Onted NOV 30, 2018  Signature of a member or authorize  Couch new Monce	
OMONO	
Signature of a mambar or outbari	and numeroustice of a momber

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00