L18000053960

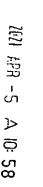
(Re	equestor's Name)	
(Ac	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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(2)



COVER LETTER

	Registration Se Division of Co		•	
CUD IDC		ERGE, LLC	•	
SUBJEC*	1:	Name of Lin	_	
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retu	ırn all correspo	ondence concerning this matter	to the following:	
		Jessica Cothern		
			Name of Person	
320 Gold Ave. SW, Ste. 620				
			Address	
Albuquerque, NM 87102				
		Filings@L4SB.com	City/State and Zip Code	
			o be used for future annual report notification)	
For further	r information c	concerning this matter, please c	all;	
Jessica Co			505 715-5700 at ()	
	Name o	of Person	Area Code Daytime Telephone No	ımber
Enclosed i	s a check for th	he following amount:		
\$25.00	O Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy Cer (additional copy is enclosed) Cert	00 Filing Fee. tificate of Status & tified Copy titional copy is enclosed) APP
R D P	Lailing Address Registration Solivision of Color. LO. Box 632 Callahassee, I	Section Corporations 27	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Su Tallahassee, FL 32303	-5 A I

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

W Concierge, LLC				
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)			
(A Fronda painted	mainty company,			
The Articles of Organization for this Limited Liability Company	were filed on $\frac{02/28/2018}{}$ and assigned			
Florida document number L18000053960				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	pility company here:			
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	8033 Kaliko Lane			
(Principal office address MUST BE A STREET ADDRESS)	Wellington, FL, 33414			
	8033 Kaliko Lanc			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)	Wellington, FL, 33414			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	address on our records, enter the name of the new register			
	g _D			
	City ZECode			
New Registered Agent's Signature, if changing Registered Agent:	APA :			

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
			□Remove
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ective date, if other than the effective date is listed, the date made: 1f the date inserted in this nument's effective date on the	ust be specific and cannot block does not meet the	e applicable statutor	g or more than 90 days		
cord specifies a delayed effect s filed.	ive date, but not an eff	ective time, at 12:01	a.m. on the earlier o	of: (b) The 9	
M. 1.23	a	i			2021 /
ed March 31	. 202				APR
-70 ·	H				5
	Signature of a member	r or authorized represe	ntative of a member	<u> </u>	
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Filing Fee: \$25.00