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SECRETARY OF STATE FALLAHASSEE, FLORIDA

N COOPER MAR 1 9 2818

## COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: LOUVEN PaySonal Conciorgo Name of Limited Liability Company	Services LLC
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
LOUVEN-TOVVOS, E.	uin
Louven Personal Cong	ierge Services LCC
2011 Delaney Pro	
Orlando FL 3290	6
City/State and Zip Code	
E-mail address: (to be used for future annual	report notification)
	•
For further information concerning this matter, please call:	00/0
Kalph Louren Torres at (407)	325-7968
Name of Person Area Code	Daytime Telephone Number
Enclosed is a check for the following amount:	
S25.00 Filing Fee S30.00 Filing Fee & Certified Copy (additional copy is entitled)	Certificate of Status &
Registration Section Registra Division of Corporations Division P.O. Box 6327 Cliffon I Tallahassee, FL 32314 266 Ex	ecutive Center Circle
	isee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited	inv as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on	and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liab	lity Company," the designation "LLC" or the	he abbreviation "L.L.C."
		SE 18
Enter new principal offices address, if applicable:		CAH LAH MAR
(Principal office address MUST BE A STREET ADDRESS)		
•	1	
Enter new mailing address, if applicable:		7: <del>1</del>
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
(Mailing address MAT BE AT OST OTTICE DOM		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he  Name of New Registered Agent:	re:	
New Registered Office Address:	Enter Florida street address	
	1	
	, Florid	la Zip Code
	ľ	<b>-</b> <i>T</i> ·
New Registered Agent's Signature, if changing Registered Agen		
I hereby accept the appointment as registered agent and age provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	e perjarmance of my auties, and t provided for in Chapter 605, F.S	Or, if this document is
If CI	anging Registered Agent. <u>Signature of N</u>	ew Registered Agent

Page 1 of 3

If amending /	Authorized Person(s) authorized to man	age, enter the title, name, and address of eac	ch person being added
Sr removed fi MGR = Ma	rom our records:		
Title	<u>Name</u>	Address	Type of Action
Ambr.	Louren-Torres, Elvin	2011 Delaney and	🖸 Add
	,	Dulaney and Orlando FL 32806	Remove
			Change
Hember	Louven-Torres, Elvin	2011 Delaney am	B-Add
Hember Louven-Torres, Elvi		Orlando FL 32806	☐ Remove
			Change
			Remove
			☐ Change
			Remove
			Change
			□ Remove
			Change
			□ Remove
			Change

Page 2 of 3

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	e j
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	38 ×
	CRET
<u> </u>	ARY L
PX 7	. 무 도 SI
7: 50	4018 318.
E. Effective date, if other than the date of filing:  (If an effective 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 605.020  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records.	17 (3)(b) .s the
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the 90th day after the record is filed.	of:
Dated 14th day of Harch. 2018	
Signature of a member or authorized representative of a member	
Typed of printed name of signee	

Page 3 of 3

Filing Fee: \$25 00