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SECRETARY OF SIMILER DIVISION OF CORPORATION

N COOPER JUN 0 8 2018

COVER LETTER

TO:	Registration Sec Division of Corp			
SUBJE	CT:	Al Ways Name of Limi	Here Conciered Liability Company	je LLC
The enc	closed Articles of A	amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all correspon	dence concerning this matter	to the following:	
			Erica F	tagler
			PHONOUS Her	re Conclerge, LLC
			2202 Para	nee Dr.
			Navarre, Fl	132566
		E-mail address: (t	o be used for future annual report notifi	ere Concierge @ gmail.
For furt	her information co	ncerning this matter, please ca		
	Erica Name of	Hagler Person	at (<u>205)</u> <u>382</u> Area Code Daytime	Telephone Number
Enclose	ed is a check for the	e following amount:		
□ \$ 25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Al ways Here (Name of the Limited Liability Co	mpany as it now appears on our intelligence Liability Company)	ccords.)
The Articles of Organization for this Limited Liability Comp Florida document number <u>L 180000 9 20 37</u> .	_	_
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited i	liability company here:	
The new name must be distinguishable and contain the words "Limited L	Liability Company," the designation	"LLC" or the abbreviation "L.IC."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	SECRETARION OF THE
Enter new mailing address, if applicable:		7 AM
(Mailing address MAY BE A POST OFFICE BOX)		8: 08 08
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		cords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street	address
		. Florida
	City	Zıp Code

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
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ective date, if othen a effective date is listed, te: If the date inserte rument's effective date.	the date must be specified in this block does	fic and cannot be prior not meet the applic	to date of filing or nable statutory filir	(option nore than 90 days after fi ag requirements, this o	ling.) Pursuant to 6	05.020 isted a
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ted April	25 min 7	2018				
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Page 3 of 3

Filing Fee: \$25.00