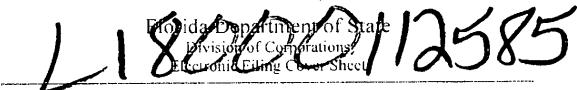
6/21/2018

Division of Corporations



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Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

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Phone

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To: Page 3 of 6

COVER LETTER

TO:	Registration Sec Division of Cur			
era ren she		CALL CONCIERGE LLC		•
SURJE	.CI:	Nune of Lini	ted Liability Company	
The end	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please i	return all correspo	ndence concerning this matter	to the following:	
		Cheyenne Moseley		
			Name of Person	
		Legalzoom.com, Inc.		
			Firm/Company	
		101 N. Brand Blvd., 11t		
			Address	
		Glendale, CA 91203		
		····	City/State and Zip Code	
		soh999@yahoo com	to be used for future annual report no	ນປີໂລານິເ ທ ີ)
For fire	ther information c	onceining this matter, please of		,
		interesting with traction, promise of		ext. 9724
Cheye	enne Moseley		at ()	me Telephone Number
	Name o	f Person	Area Code Uniyii	me terchnotte izmution
Enclos	ed is a check for t	he following amount:		
S 2:	5.00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	(additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Regisu	ING ADDRESS: cution Section on of Corporations	STREET/COUI Registration Sect Division of Corp	

P.O. Box 6327 Tallahassee, FL 32314

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

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ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

AT YOUR CALL CONCIERGE LLC
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on 05/04/2018 and assigned .
Florida document number L18000112585
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
At Your Request Concierge, LLC
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the libertriation." L.C.
Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)
Enter new malling address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)
B. If amending the registered agent and/or registered office address on our records, enter the name of the ne
registered agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address:
Enter Florida street authess
, Florida
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

Page 1 of 3

If amending t	the Managers or Authorized Member of Member being added or removed from	on our records, <u>enter the title, name</u> our records:	, and address of each Manager or
MGR = Ma AMBR = Au	inager (thorized Member		
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Effective date, if other than the date of filing: The effective date must be specific, cannot be prior to date of reneipt or filed date and cannot be	(optional)
the date this document is filed by the Florida Department of State)	a more sites you the
the take this document is there by the Field reportation to state)	
	•
Dated June 21 , 2018 .	

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