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	(Requestor's Name)	
	(Address)	
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PICK-UP	WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	
Certified Copies	_ Certificates of St	atus
		
Special Instructions to	Filing Officer:	
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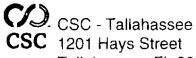
Office Use Only



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2023 DEC 12 PM 12: 04

RECEIVED 2023 DEC 12 PH 3: 22



Tallahassee, FL 32301-2607 850-558-1500, Ext: 61592

To: Department Of State, Division Of Corporations

From: Alexxis Weiland-Sorenson

Ext: 61592 Date: 12/12/23

Order #: 1333298-11

Re: Concours Club Manager, LLC

Processing Method: Routine

TO WHOM IT MAY CONCERN:

-Enclosed please find:

Amount to be deducted from our State Account: \$25.00 - FL State Account Number: I2000000195

Authorization:

Please take the following action: File in your office on basis Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	Concours	Club Manager, LLC	
3000001.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		Molly Gilhart	
		Name of Person	
		Trilogy Real Estate Group	
		Firm/Company	
	_	520 W. Erie St., Ste. 100	
		Address	
		Chicago, IL 60654	
		City/State and Zip Code	
		mgilhart@trilogyreg.com	
For further information c	e-mail address: (concerning this matter, please c	to be used for future annual repo	or notification)
Molly	Gilhart	at (<u>312</u>)	750-0900
Name o	f Person	Area Code	Daytime Telephone Number
Enclosed is a check for the	he following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Addr	
Registration 3		Registratio	on Section of Corporations
Division of C P.O. Box 632			e of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2023 DEC 12 PM 12: 04 Concours Club Manager, LLC (Name of the Limited Liability Company as it now appears on our records.) TALLAHASSEE, FLORIDA 09/07/2018 The Articles of Organization for this Limited Liability Company were filed on ___ and assigned Florida document number _____ L 1 **3002** 1 **3**96 1/1/000212496 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 1 Concours Way Enter new principal offices address, if applicable: Opa-Locka, FL 33054 (Princigal office address MUST BE A STREET ADDRESS) I Concours Way Enter new mailing address, if applicable: Opa-Locka, FL 33054 (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 new registered agent and/or the new registered office address here: N/A Name of New Registered Agent: New Registered Office Address: Enter Florida street address , 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

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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			□Remove
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Filing Fee: \$25.00