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(F	Requestor's Name)	
	Address)	
(A	Address)	
(0	City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(E	Business Entity Name)	
(E	Document Number)	
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COVER LETTER

Registration Section Division of Corporations

TO:

SURJECT: F	Name of Lim	TRENDING	S, LLC		
	Name of Lim	ited Liability Company	·		
	Amendment and fee(s) are sub	-			
Please return all correspor	ndence concerning this matter	to the following:			
		MIREYA N	IORA		
		Name of Person			
	FINI	Firm/Company	NDINGS	icc	
	P.O. B	OX 4022 Address	42		
		City/State and Zip Code		140	
	-	City/State and Zip Code			73 73
	E-mail address: (to be used for future annual i	report notification)		7318 1 7 2h
For further information co	oncerning this matter, please c	all:			말 ·
MIREY	A MOIZA	n. 766 \	468 Z	383	ر. خ
Name of	A MO1217 Person	Area Code	Daytime Telepho	one Number	26
Enclosed is a check for th	e following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy	k D	\$60.00 Filing Fe Certificate of St	
	Check # 522	(additional copy is encl	losed)	Certified Copy (additional copy is	
	BANKOFAMERU	CA -		(and and any is	ziiciooda)
Registra Division P.O. Bo	NG ADDRESS: ation Section in of Corporations ix 6327 ssee, FL 32314	Registrati Division (Clifton B	C/COURIER ADI ion Section of Corporations uilding cutive Center Circ		

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Or	
FINANCIAL THENDINGS LLC	
(Name of the Limited Lightly Company as it now appears on our records)	

(A Florida Limited I	lability Company)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L18000 956260</u> .	were filed on $\frac{10/3i/20i}{8}$ and assigned		
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:		
USA CONCIERGE			
The new name must be distinguishable and contain the words "Limited Liabil			
Enter new principal offices address, if applicable:	6345 COLLINS AVENUE # 876		
(Principal office address MUST BE A STREET ADDRESS)	MIAMI BEACH PL. 33141		
Enter new mailing address, if applicable:	PO. BOX 402242 MIAMI BEACH FL 33140		
(Mailing address MAY BE A POST OFFICE BOX)	MIAMI BEACH FL 33140		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here			
Name of New Registered Agent:	<u> </u>		
New Registered Office Address:			
	Enter Florida street address		
	, Florida		
	City : Zip Code		
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is		
If Chan	iging 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>	Name	Address	Type of Action
			Add
			☐ Remove
			Change
			□ Remove
			Change
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		Remove	□ Remove
			
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lective date, if other an effective date is listed	er than the date of i i, the date must be specifi	iling:	opting or more than 90 days after	o nal) · filing.) Purse	ant to 605.02
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ocument's effective d	ate on the Department	of State's records.	٠	5.:3	
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ated <u>MAR</u>		of a member or authorized represe	ntative of a member	 ————	

Page 3 of 3

Filing Fee: \$25.00