## 1190000 39939

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## **COVER LETTER**

	egistration Se vision of Cor					
SUBJECT		Auto Brokers, LLC				
SUBJECT	<del></del>	Name of Lim	ited Liability Company			
		Amendment and fee(s) are sub-				
Flease lettir	n an correspo	Debora E. Kelley	to the following.			
		Caralina Auto Deslura I	Name of Person			
		Concierge Auto Brokers, L	Firm/Company			
		1269 Vista Hills Drive				
		Address Lakeland, FL 33813				
		ConciergeAutoBkr@gmail.				
For further	information c	E-mail address: (concerning this matter, please co	to be used for future annual report notifi all:	cation)		
Debora E. I	Kelley		863 248-6669			
	Name o	f Person		Telephone Number		
Enclosed is	a check for th	ne following amount:				
\$25.00	Filing Fec	☐ \$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

2019 FEB 25

Concierge Auto Brokers, LLC		
(Name of the Limited Liability Compa (A Florida Limited	ny as it now appears on our recor Liability Company)	ds.)
The Articles of Organization for this Limited Liability Company Florida document number L19000039939	were filed on 02/08/2019	and assigr
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1269 Vista Hills Drive	
(Principal office address MUST BE A STREET ADDRESS)	Lakeland, FL 33813	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<del></del>
(Making dataress MAT BE A TOST OF FICE BOX)		
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her Name of New Registered Agent:		is, enter the name of the 1
New Registered Office Address:		
	Enter Florida street addre	5.02
	•	lorida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	•	
I hereby accept the appointment as registered agent and agr 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, a provided for in Chapter 605,	and I am familiar with and F.S. Or, if this document is

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 bei or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Ac
MGRM	Brian J. Kelley	1269 Vista Hills Drive Lakeland, FL 33813	<b>=</b> Add
			Change
MGRM	Debora E. Kelley	1269 Vista Hills Drive Lakeland, FL 33813	Add
			☐ Remove
			Change
			Add
			☐ Remove
			□ Change
			☐ Remove
			☐ Change
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			□ Remove
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			☐ Remove

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	02/21/2019
(If an ef Note:	ive date, if other than the date of filing:  [fective 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  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed assent's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated	
	2 X (()
	Signature of a member or authorized representative of a member
	T. K.II.
	Typed or printed name of siknee

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Filing Fee: \$25.00