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(Re	questor's Name)	 _
———(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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Concierge Landscape Services, LLC

Concierge Landscape Services, LLC
Darlene Simmons, Owner
23 Maplecrest Circle
Jupiter, FL 33458
(561) 262-1783
turigal.simmors a gmail.com

August 4, 2019

To Florida Department of State Division of Corporations,

Enclosed you will find the amendment request forms regarding my LLC corporation.

Sincerely,

Darlene Simmons, Owner

Concierge Landscape Services LLC

COVER LETTER

	Registration Sec Division of Corp				
OLID ID C		andscape Services LLC			
SUBJEC'	l: <u></u>	Name of Limi	ited Liability Company		
The enclo	sed Articles of A	Amendment and fee(s) are sub-	mitted for filing.		
Please ret	urn all correspor	ndence concerning this matter	to the following:		
		Darlene Simmons			
			Name of Person		-
		Concierge Landscape Serv	ices LLC		
			Firm/Company		-
		23 Maplecrest Circle			
			Address		
		Jupiter, FL 33458			
		turfgal.simmons@gmail.com	City/State and Zip Code n		-
		E-mail address: (to be used for future annual repor	t notification)	
For furthe	er information co	oncerning this matter, please ca	ill:		
Darlene S	Simmons		561 262-178 at ()		
	Name of	Person	Area Code Da	aytime Telephone Number	r
				~	25626650466
Enclosed	is a check for th	e following amount:		0x# 7	
\$25.0	0 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	■ \$60,00 Fi Certified Certified	ling Fee. ate of Status &

MAILING ADDRESS:

TO:

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

Concierge Landscape Services LL			
(Name of the Lim	ted Liability Compa (A Florida Limited l	ny as it now appears on our recor Liability Company)	ds.)
The Articles of Organization for this Limited I clorida document number L19000177496	Liability Company	were filed on 07/19/2019	and assigned
his amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name o	of the limited liab	ility company here:	
he 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 appli	cable:		
Principal office address MUST BE A STRE	ET ADDRESS)	23 Maplecrest Circle	
		Jupiter, FL 33458	78 . (40
			- 34 B
Inter new mailing address, if applicable:			11
(Mailing address MAY BE A POST OFFICE BOX)		23 Maplecrest Circle	· -n
		Jupiter, FL 33458	
3. If amending the registered agent and			ds, enter the name of the n
egistered agent and/or the new registered of	office address her	<u>e</u> :	
Name of New Registered Agent:	Darlene Simme	ons	
New Registered Office Address:	23 Maplecrest (Circle	
		Enter Florida street addre	KXS
	Jupiter	. F	Torida
		City	Zip 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.

f 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
MGR	Richard A Hixson	271 Moccasin Trail West	_ _ Add
		Jupiter, FL 33458	LJ Add
			■ Remove
			☐ Change
AMGR	Angelena Marshall	23 Maplecrest Circle	
		Jupiter, FL 33458	Add
		***************************************	☐ Remove
			Change
			
			□ Remove
			☐ Change
			D Add
			☐ Remove
			☐ Change
			Remove
			Change
			Add
			Remove
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ctive date, if other than th	e date of filing:		(optional)
E: If the date inserted in this l	ust be specific and cannot be prior ablock does not meet the application Department of State's records.	to date of filing or more than 90 d able statutory filing requirement	ays after filing.) Pursuant to 605.0 nts, this date will not be listed
record specifies a delayene 90th day after the re	ed effective date, but not ecord is filed.	an effective time, at 1	2:01 a.m. on the earlier
August 4	2019		
40 (.	(me X)	Mamage	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00