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(Requesto	r's Name)
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PICK-UP	WAIT MAIL
(Business	Entity Name)
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Certified Copies	Certificates of Status
	
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COVER LETTER

TO:

TO: Registration Section Division of Corporations	s	
SUBJECT: LifeStyle	Concierge's whimten LLC Name of Limited Liability Company	
	Name of Enimed Clasticly Company	
The enclosed Articles of Amendme	ent and fee(s) are submitted for filing.	
Please return all correspondence co	oncerning this matter to the following:	
J	James E. Wise Name of Person	
L;	ifestyle Concierges unlimi	ited LLC
102	28 41ST AVE NE	. <u>. </u>
	Address	
<u>\$+.</u>	Petersburg, Fla. 33704	
116	estyle Concioral 543@ amail E-mail address: (to be used for future annual report notification)	<u>-</u>
For further information concerning	g this matter, please call:	
James E. L. Name of Person	Jise at (770) 480-8883 Area Code Daytime Telephone N	
Enclosed is a check for the followi	ing amount:	
	ertificate of Status Certified Copy Certificate of Status Certified Copy (additional copy is enclosed) Certificate of Status	.00 Filing Fee, rtificate of Status & rtified Copy ditional copy is enclosed)
Mailing Address: Registration Section Division of Corporati P.O. Box 6327	Street Address: Registration Section Division of Corporations The Centre of Tallahassee	
Tallahassee, FL 3231		iite 810



2020 HET 30 AMM: 14

FLORIDA DEPARTMENT OF STATE Division of Corporations

March 14, 2020

JAMES E. WİSE 1028 41ST AVENUE NE ST. PETERSBURG, FL 33704

SUBJECT: LIFESTYLE CONCIERGE'S UNLIMITED LLC Ref. Number: L20000016861

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must be signed by a member or an authorized representative of a member.

The name of the person signing the document must be typed or printed beneath or opposite the signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden Regulatory Specialist II

Letter Number: 420A00005690

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lifestyle Concierge's Unlimited LL	= CA1910.
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	ر. '
	l assigned
Florida document number L2000016861.	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
VA-	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation	n "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing 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	new registeres
agent and/or the new registered office address here:	new registeret
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida street address	
, Florida	
City Zip Co	ode
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 co	
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 ador removed from our records:				
MGR = Manager AMBR = Authorized Member -				
<u>Title</u>	<u>Name</u>		<u>Address</u>	Type of Action
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D. If amo	ending any oth	er information, enter change(s) here: (Attach additional sheets, if necessary.)
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E. Effect	tive date, if oth	er than the date of filing: (optional) d, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207
Note:	If the date inser	d, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 ted in this block does not meet the applicable statutory filing requirements, this date will not be listed as late on the Department of State's records.
If the reco record is f		ayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	3-	24 2020
2 4404	Dan	- 7 () .
	O	Signature of a member or authorized representative of a member
		James E. Wise Typed or printed name of signee
		Filing Fact \$25.00