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COVER LETTER

Registration Section

Division of Corporations

TO:

SUBJECT: _	CONCIE		OR SOLUTIONS	LLC:
		Name of Lim	ited Liability Company	
The enclosed A	Articles of Amend	ment and fee(s) are sub	mitted for filing.	
Please return a	ll correspondence	concerning this matter	to the following:	
		Jess:	IE EPPERSON Name of Person	
	-	Concie	rge, Outodoor Firm/Company	Solutions LLC
		PO BOX	702064 Address	
		saint of	Oud, FL 34/ City/State and Zip Code	·
For further info	ormation concerni	E-mail address: (b into @ Ring My to be used for future annual report	notification)
Je	SSIL Epp.	27800	at (407) 44 Area Code Da	9-5000 ytime Telephone Number
Enclosed is a c	heck for the follo	wing amount:		
□ \$25.00 Fil	_	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)
Regis Divis P.O.	ng Address: stration Section sion of Corpora Box 6327 hassee, FL 323	utions	The Centre of	_

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CONCLERGE C	OUTDOOR SOLUTIONS LLC	! 		
(Name of the Limited	OUT DOOR SOLUTIONS LLC d Liability Company as it now appears on our records.) A Florida Limited Liability Company)			
The Articles of Organization for this Limited Lia Florida document number 4200001524	ibility Company were filed on <u>June 4, 202</u> <u>453</u> .	<u>20</u> .	and ass	igned
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of t	the limited liability company here:			
The new name must be distinguishable and contain the wor	rds "Limited Liability Company," the designation "LLC" or t	he abbrevia	tion "[l	L.C."
Enter new principal offices address, if applical	ble:	. <u> </u>		
(Principal office address MUST BE A STREET	ADDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE B	<u></u>			
	-	:		
R If amonding the registered agent and/or rec	gistered office address on our records, enter the	- name o f (્યું hé nev	z registered
agent and/or the new registered office address	· 	,	12 N 25	
Name of New Registered Agent:				
New Registered Office Address:			7 19	
	Enter Florida street address	-	π,	
	, Florida	a		
	City	Ziį	n 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.

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

Title	<u>Name</u>	Address	Type of Action
AMBR	Jessie Epperson	2500 Balmoral DR. Kissimmee, Fl 34744	CBAdd
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			Change
		, <u></u>	
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

	<u> </u>
fective date, if other than the date of filing: In effective date is listed, the date must be specific and cannot be prior to date of filing or a ote: If the date inserted in this block does not meet the applicable statutory filing cument's effective date on the Department of State's records.	
ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. is filed.	on the earlier of: (b) The 90th day after th
uted June 23 . 2020.	

Filing Fee: \$25.00