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COVER LETTER

Division of Corporations ELITE CONCIERGE LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filling. Please return all correspondence concerning this matter to the following: MARCO A LASTRE Name of Person L'ELITE CONCIERGE LLC Firm/Company 2416 SW 101ST CT Address MIAMI, FL 33165 City/State and Zip Code mlastres68(a/gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MARCO A LASTRES Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$25.00 Filling Fee \$30.00 Filing Fee & \$55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed). (additional copy is enclosed) Mailing Address: Street Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO: Registration Section

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ELITE CONCIERGE LLC	
(<u>Name of the Limited Liability</u> (A Florida l	(Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co	ompany were filled on NOVEMBER 12, 2020 and assigned
Florida document number 1.20000359345	-· -·
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ed liability company here:
I ELITE CONCIERGE LLC	
he new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or the abbreviation "LLC"
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRE	
THE THE STATE OF THE PARTY OF T	
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
If amending the registered agent and/or registered of	office addression our records, enter the name of the new register
igent and/or the new registered office address here:	222
Name of New Registered Agent:	in in
New Registered Office Address:	
	Enter Florida street address (7)
	: 5 Florida 11 2
	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.

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 =	M anager	
AMBR =	Authorized N	l embe

<u>Title</u>	<u>Name</u>	Address	Type of Action

			!Change
			Remove
 			
			
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lote:	ive date, if other than the date of filing:
	d specifies a delayed effective date, but not an effective time, at 12:04 a.m. on the earlier of, (b). The 90th day after the
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