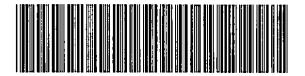
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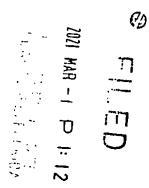
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(City/S	State/Zip/Pho	ne #)
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Office Use Only



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## **COVER LETTER**

	gistration Section of Cor		,		
CHID INCT.	CONCIER	GE CARE STAFFING LLC	, ·		
SUBJECT:		Name of Lim	ited Liability Company		
The enclosed	d Articles of a	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:		
		Nancy Ralston			
			Name of Person		
		CONCIERGE CARE ST	AFFING LLC		
			Firm/Company		
	6555 Chester Ave, Suite 2				
			Address		
		Jacksonville FL 32217			
			City/State and Zip Code		
		E-mail address: (	to be used for future annual report notif	ication)	7021 MAR
For further in	nformation co	oncerning this matter, please co	all:	:- ::- :::	55
Nancy Rais	ston		904 534-1655 at ( )		
	Name of	Person		: Telephone Number	_ `
Enclosed is a	a check for th	e following amount:		<b>3.</b> 2	70
■ \$25.00 I	Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate of Certified Cop tadditional copy	f Status & py
	iling Address gistration S		Street Address: Registration Sec	etion	

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

CONCIERGE CARE STAFFING LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 12/09/2020 and assigned L20000385409 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 4723 W. Atlantic Ave, Suite A4, Delray Beach, FL 33445 Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) MAR 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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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 Changing Registered Agent, Signature of New Registered Agent

, Florida

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	RALSTON, DAVID	6555 CHESTER AVE, SUITE 2,	Jacksonville FL 3; 
			<b>=</b> Remove
			☐ Change
MGR	STIFTER, DAVID	6555 CHESTER AVE, SUITE 2.	Jacksonville FL 3: <u>■</u> Add
			□Remove
			Schange
			A A A A A A A A A A A A A A A A A A A
			D Revious
			No. 20 □Change
	<u> </u>		□Add
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ective date, if other than the date of filing:effective date is listed, the date must be specific and cannot be prior to date of file	(optional)	A Purcuosi t	605 020
e: If the date inserted in this block does not meet the applicable statuto ument's effective date on the Department of State's records.	ry filing requirements, this date	will not be	: listed as
some of the same o			
cord specifies a delayed effective date, but not an effective time, at 12:0 s filed.	l a.m. on the earlier of: (b) Th	ie 90th day	after the
02/25/2021 ed			
Cum Rutter			
	entative of a member		_

Filing Fee: \$25.00