

h20 000385409

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

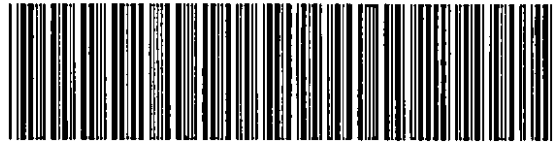
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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400360279164

03/01/21--01013--003 **25.00

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400360279164

201/27/21 SC

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CONCIERGE CARE STAFFING LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Nancy Ralston

Name of Person

CONCIERGE CARE STAFFING 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 notification)

For further information concerning this matter, please call:

Nancy Ralston

904

534-1655

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$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)

Mailing Address:

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

Street Address:

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

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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 added or removed from our records:

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|----------------|-----------------------------------------------|---------------------------------|
| MGR | RALSTON, DAVID | 6555 CHESTER AVE, SUITE 2, Jacksonville FL 3: | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | STIFTER, DAVID | 6555 CHESTER AVE, SUITE 2, Jacksonville FL 3: | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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TALLAHASSEE, FLORIDA
COUNTY CLERK

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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ST. VINCENT
ST. ANTHONY, FLORIDA

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ST. JOHN'S
ST. AUGUSTINE, FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 02/25/2021

Craig Rutter

Signature of a member or authorized representative of a member

NANCY RALSTON

Typed or printed name of signee

Filing Fee: \$25.00