L21000028114

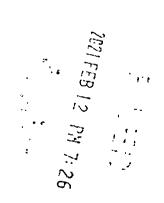
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APR 02 ZM71 S. YOUNG



COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration S Division of Co			
	Real Estate & Concierge Service	es, LLC	
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Daniella Josma		
		Name of Person	
		Firm/Company	
	1107 Avondale Court		
		Address	
	West Palm Beach, FL 3340)9	
	sellingsouthflhomes@gmail E-mail address: (City/State and Zip Code .com to be used for future annual report noti	fication)
For further information	concerning this matter, please ca	all:	
Daniella Josma		954 465-8944	
Name	of Person	Area Code Daytin	ne 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 Addr		Street Address:	action
Registration Division of	Section Corporations	Registration Se Division of Co	
P.O. Box 63		The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

3

Heavenly Real Estate & Concierge Services, LLC		
	mpany as it now appears on our records.) ited Liability Company)	£2
The Articles of Organization for this Limited Liability Comp. Florida document number L21000028114	any were filed on 1-12-2021	and assigned
This amendment is submitted to amend the following:		₽ 12
A. If amending name, enter the new name of the limited l	liability company here:	
The Golden Years Concierge Service, LLC		
The new name must be distinguishable and contain the words "Limited I.	iability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P.O. Box 524 West Palm Beach. FL 33402	
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on our records, enter the na	ame of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	<u> </u>
	, Florida	
-	Ciņ	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 t 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 addor removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Remove
			□Change
			🗆 Add
			□Remove
			□ Change
			□ Add
			□Remove
			□Change
			□ Add
			□Remove

Chance

/1.C	e, if other than the date of the is listed, the date must be speciate inserted in this block does	cific and connat be now	w to date of filing of more ina	(optional) n 90 days after filing.) Pur	esuant to 605.020
		<u> </u>			