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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	One Source Concierge. Name of Limited Liability Company		
The enclosed Articles of A	Amendment and fee(s) are submitted for filing.		
Please return all correspon	ondence concerning this matter to the following:		
	Skirmante Ulinske		
	One Source Concierge	20	
	601 Augusta Blvd, #3	22 JAN 1 EGRETA TALLAI	T
	Naples, FL 34113 City/State and Zip Code	JAN 14 PM 3: 08 RETALLY OF STATE LLANCESEE, FL	
	Ulinskee Egman (. Com E-mail address: (to be used for future annual report notification)	3: 08	
For further information co	concerning this matter, please call:		
Skirmante	Ulinske at (925) 808-5714		
Name of	of Person Area Cixle Daytime Telephone Number		
Enclosed is a check for th	he following amount:		
☑ \$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee &	of Status &	
Mailing Address Registration S Division of Co P.O. Box 632 Tallahassee, F	Section Registration Section Corporations Division of Corporations The Centre of Tallahassee)	
Jam adjustm If not	not sure if a fee is needed for ent. If it is check is enclosed please toss the check. Thank	for \$25. You.	
			_

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)				
(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	and assigned			
Articles of Organization for this Limited Liability Company were filed on				
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 abb	reviation "L.L.C."			
Enter new principal offices address, if applicable:	2022 SEC			
(Principal office address MUST BE A STREET ADDRESS)				
Enter new mailing address, if applicable:	intia 📞			
(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 agent and/or the new registered office address here:	of the new registered			
Name of New Registered Agent:				
New Registered Office Address:				
Enter Florida street address				
, Florida,	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 agre	e to comply with the			

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Skirmante Ulinske	601 Augusta Blvd, #3	UZAdd
		601 Augusta Blvd, #3 () Naples, FL, 34113	Remove
			☐ Change
			□Add
			□Remove
			Change
			ZOZĄJAN SECCETA
		<u></u>	JAN PHANGE DATE DATE DATE
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f an effective date is Note: If the date	f other than the date of fits listed, the date must be specific inserted in this block does notive date on the Department	c and cannot be prior to date of not meet the applicable state	filing or more than 90 days	ptional) after filing.) Pursuant to (this date will not be l	605.0207 (3 \(\)b) isted as the
record specifies d is filed.	a delayed effective date, but	not an effective time, at 12	2:01 a.m. on the earlier of	: (b) The 90th day a	fter the
		1			
Dated			/		1.10-2
	Signature o	of a member or authorized rep	resentative of a member		1. \
	-				

Filing Fee: \$25.00