## L22000 104342

| (Requestor's Name)                      |
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| (Address)                               |
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| (0) (0) (0)                             |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
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| (Danward March a)                       |
| (Document Number)                       |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
| opecial instructions to taking officer. |
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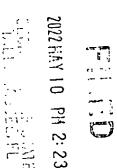
Office Use Only

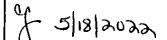
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## COVER LETTER

| TO: Registration Section Division of Corporations  |             |
|--|-------------|
| SUBJECT: JCS Concierge Services LLC Same of Limited Liability Company  | P           |
| The enclosed Articles of Amendment and fee(s) are submitted for filing.  |             |
| Please return all correspondence concerning this matter to the following:  |             |
| Stephanie DePietro Name of Person  TCS Concierge Services LLC Jirm/Company   |             |
| 12093 Aviles Cir   |             |
| Palm Beach Gardens, FL 33418 City/State and Zip Code Stephaniedepietro 1881@gmail.com E-mail address: (to be used for future annual report notification) |             |
| For further information concerning this matter, please call:   |             |
| Stephanie DePietro at (561) 234-5972  Name of Person at (561) Daytime Telephone Number   | <u></u>     |
| Enclosed is a check for the following amount:  |             |
| (additional copy is enclosed) Certified (  | of Status & |

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



RECEIVED

2022 HAY 10 PM 12: 09

SECREMENT OF SHAPE TALLAHASSEE, FL

April 20, 2022

STEPHANIE DEPIETRO 12093 AVILES CIRCLE PALM BEACH GARDENS, FL 33418

SUBJECT: JCS CONCIERGE SERVICES LLC

Ref. Number: L22000104342

We have received your document for JCS CONCIERGE SERVICES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

The person executing the document must state beneath or opposite his or her signature his or her capacity, such as trustee, receiver, personal representative, court appointed fiduciary, etc.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

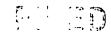
Claretha Golden Regulatory Specialist II

Letter Number: 322A00009231

www.sunbiz.org

Division of Compositions D.O. DOV 6207 Tellahaman Florida 20214

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



| JCS Conclei   | ge Services LC   | 2022 HAY 10 FM 2: 23                       |
|---|--|--|
| ( <u>Name of the Limit</u>  | Ge Services LLC  ed Liability Company as it now appears of (A Florida Limited Liability Company) | on our records.)                           |
| The Articles of Organization for this Limited L Florida document number <u>L220001043</u>     |  | pruary 28, 2022 and assigned               |
| This amendment is submitted to amend the following  | owing:   |  |
| A. If amending name, enter the new name o   | f the limited liability company here   | <b>:</b>                                   |
| The new name must be distinguishable and contain the w  | ords "Limited Liability Company," the desi   | gnation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applic  | able:  |  |
| (Principal office address MUST BE A STREE   | T ADDRESS)   |  |
| Enter new mailing address, if applicable:   |  |  |
| (Mailing address MAY BE A POST OFFICE   | <u></u>  |  |
| B. If amending the registered agent and/or r<br>agent and/or the new registered office addres | egistered office address on our rece<br>s here:  | ords, enter the name of the new registered |
| Name of New Registered Agent:   | Stephanie DePle  | tro  |
| New Registered Office Address:  | Enter Florida  | street address                             |
|   |  | Florida<br>Zip Code                        |
|   | 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.

Stompanie De Pioto

fi 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>    | Address                       | Type of Action           |
|--------------|----------------|-------------------------------|--------------------------|
| <u>AMBR</u>  | Jason DePietro | 12093 Aviles CIV PBG,FL 33418 | <u>.</u><br><b>⊻</b> Add |
|              |                | <del></del>                   | □Remove                  |
|              |                |                               | □Change                  |
|              |                |                               | 🗆 Add                    |
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|              |                |                               | □ D                      |

| D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)  |
|--|
| They have my husband (Jason DePictro) listed   |
| as the managing member When I (Stephanie   |
| DePietro) should be listed as such.  |
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| E. Effective date, if other than the date of filing:   |
| (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. |
| 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 May 5th 2022.  |
| Mephanie OlPeltso Signature of a member or authorized representative of a member   |
|  |
| Stephanie Depictro Typed or printed name of signee   |