

L2200089791

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

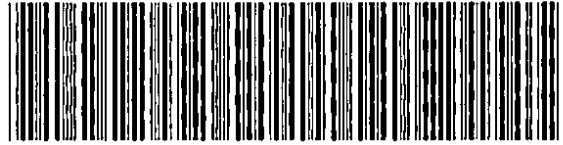
(Document Number)

Certified Copies _____ Certificates of Status _____

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J. HORNE
JUN - 7 2022

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2022 JUN - 1 PM 12:46
SECRETARY OF STATE
TALLAHASSEE, FLOR.

FILED

2022 JUN - 1 PM 2:52
SECRETARY OF STATE
TALLAHASSEE, FLOR.

RECEIVED

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com
e-mail: accounting@incserv.com

incserv

ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau
mmoreau@incserv.com
850.656.7953

REQUEST DATE 6/1/2022

PRIORITY Regular Approval

OUR REF # (Order ID#) 1042568

ORDER ENTITY

ALTA CONCIERGE SERVICES, LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

ALTA CONCIERGE SERVICES, LLC (FL)

File the attached amendment

NOTES:

\$25.00 Authorized

Email address for annual report reminders: taylor@aeilaw.com

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,



Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 2, 2022

INCORPORATING SERVICES LTD

SUBJECT: ALTA CONCIERGE SERVICES, LLC
Ref. Number: L22000189791

*Please honor the
original submission date
as the file date. Thanks! :)*

We have received your document and check(s) totaling \$10000.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

IM NOT SURE WHAT YOU WOULD LIKE TO CHANGE FOR THE AUTHORIZED PERSON. PLEASE CORRECT.

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.

Jasmine N Horne
Regulatory Specialist II

Letter Number: 422A00012379

*Please honor the
original submission date
as the file date. Thanks! :)*

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2022 JUN - 6 PM 2: 52

RECEIVED

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED

2022 JUN -1 PM 12:46

Alta Concierge Services, LLC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(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 May 6, 2022 and assigned
Florida document number 800387226198.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

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

_____, Florida _____

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.

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/AMBR	Kruthika Raman	407 N. Maple Drive, Beverly Hills, CA 90210	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR/MGR	Sonam Raman	407 N. Maple Drive, Beverly Hills, CA 90210	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

