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SECRETARY OF STATE TALLAHASSEE, FL

2022 SEP 21 AM 9: 03

COVER LETTER

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

TO:

SUBJECT: Your Solut	ion Concierge Service LLC		
SUBJECT:		ted Liability Company	
	Amendment and fee(s) are sub-	_	
Please return all correspo	ondence concerning this matter	to the following:	
	Richard Brandon		
		Name of Person	
	Your Solution Concierge S		
		Firm/Company	
	16 Chickasaw Ct.		
		Address	
	Palm Coast, Fl 32137		
	sunail@hatmail.com	City/State and Zip Code	
	sunci I@hotmail.com E-mail address: (i	to be used for future annual report noti	fication)
For further information of	oncerning this matter, please ca	alt:	
Perri Brandon		at (386) 9866116	
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	he 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	Street Address: Registration Sec	
Division of C	Corporations	Division of Cor	porations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Your Solution Concierge Service LLC (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 9/7/22 _____ and assigned Florida document number L22000391013 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 agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

_, Florida _

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>	Address	Type of Action
mgr	Richard Brandon	16 Chickasaw Ct	= Add
		Palm Coast, Fl. 32137	□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Remove
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
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			□Remove
			Change

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Effecti	ve date, if other than the date of filing:(optional)
(If an effe Note:	ctive 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 if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
	ent's effective date on the Department of State's records.
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
ora is inc	·u.
Dated]	Sept. 19 2022
Dateu	
	Felous) Sonvill
	Signature of a member or authorized representative of a member
	Delower Conville
	Delores Sonville Typed or printed name of signce