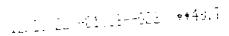
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| PICK-UP WAIT MAIL                       |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only





## **COVER LETTER**

| TO: Registration Se<br>Division of Cor |  |   |   |
|--|--|---|---|
| SUBJECT: List Assist.                  | LLC - (new name)                             |   |   |
|  | Name of Lim                                  | ited Liability Company  |   |
| The enclosed Articles of               | Amendment and fee(s) are sub                 | mitted for filing.  |   |
| Please return all correspo             | ondence concerning this matter               | to the following:   |   |
|  | Richard Brandon                              |   |   |
|  |  | Name of Person  |   |
|  | Your Solution Concierge S                    | Service, LLC - original name  |   |
|  |  | Firm/Company  |   |
|  | 16 Chickasaw Ct.                             |   |   |
|  |  | Address   |   |
|  | Palm Coast, Fl 32137                         |   |   |
|  |  | City/State and Zip Code   |   |
|  | flaglerestate@gmail.com                      | to be used for future annual report not                             | (Castion)   |
|  |  | -   | meanon)   |
| For further information of             | oncerning this matter, please co             | all:  |   |
| Perri Brandon                          |  | at (386 ) 986-6116 Area Code Daytin                                 |   |
| Name o                                 | f Person                                     | Area Code Daytin  | ne Telephone Number   |
| Enclosed is a check for t              | 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,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |

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

## 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 9-21-22 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: List Assist, LLC 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

## 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> | Name         | Address                               | Type of Action |
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| ctive date, if other t   | nan the date of f     | iling:              |                        | (0                | ptional)               |                             |
| ctive date, if other the effective date is listed, the   | date must be specific | and cannot be prior | to date of filing or t | nore than 90 days | efter filing.) Pursuan | t to 605,020<br>be listed a |
| e: If the date inserted in the |                       |                     |                        | ig requirements,  | uns gate witt not      | oc nsicu a                  |
|  |                       |                     |                        |                   |                        |                             |
| ord specifies a delayed  | effective date, but   | not an effective t  | ime, at 12:01 a.m.     | on the earlier of | (b) The 90th d         | ay after the                |
| filed.   |                       |                     |                        |                   |                        |                             |
|  |                       |                     |                        |                   |                        |                             |
| ed 12/18   |                       | 2022                | <del>_</del> ·         |                   |                        |                             |
| _  |                       |                     |                        |                   |                        |                             |
|  | Signature (           | of a member or auth | orized representativ   | e of a member     |                        |                             |
|  |                       |                     |                        |                   |                        |                             |

Filing Fee: \$25.00