## 12200047466

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SECRETARY SERVICES IN EACH

## COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: Zili Consider QU LLC
DOCUMENT NUMBER: L 32000 4 74 660
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Richard John - Topperste  Name of Contact Person
Name of Contact Person
Name of Contact Person  2 11 Conciet See LLC  Firm/ Company
Firm/ Company
444 NE 206 Lane HPT 104
Himmi Florida 33:179 City/ State and Zip Code
City/ State and Zip Code
_
E-mail address: (to be used for future annual report notification)
12-man address. (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person  Area Code & Daytime Telephone Number
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is enclosed)  S43.75 Filing Fee Certified Copy Certificate of Status (Additional Copy is enclosed)
Mailing Address Street Address

Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, Fl. 32303

SECRETARY OF STATE

## Articles of Amendment to Articles of Incorporation of

Elli Concierge LLC		
(Name of Corneration or ourseast)	y filed with the Florida Dept. of State)	
L22000474660		
(Document Number o	f Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the follo	owing amendment(s) to
A. If amending name, enter the new name of the corporation:    Con Clev & C   C     name must be distinguishable and contain the word "corporation," "e "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	"ompany," or "incorporated" or the abbrev	Thenew viotion "Corp.," ontain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A	
C. Enter new mailing address, if applicable: (Muiling address MAY BE A POST OFFICE BOX)	444 NEXI LUME Midwi FL 33179	Apt Lou
D. If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address:	ess in Florida, enter the name of the	
Name of New Registered Agent	NIA	
(Florida stre	ret address)	<del></del> -
New Registered Office Address:	(City) , Florida	Zip Codej
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the positions	
	MA	ZOZO HA SECRE TA (L.)
Signature of New Receiver Check if applicable  The amendment(s) is/arc being filed pursuant to s. 607.0120 (11) (c)	gistered Agent, if changing e), F.S.	HAY II AH 8: 31

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doc is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	PT John Dac	
X Remove	Y Mike Jones	
<u>X</u> Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	Address
11 Change	- $N/A$	
Add	i	
Remove	. i .	
2) Change	N I	
Add	'	
Remove 3 ) Change	_ NA	
Add	1	
Remove	151	
4) Change	- $N/A$	
Add	1	
Remove		
5) Change	<u>N/A</u>	
Add	4	
Remove	i	2023 SEP
6) Change	<u> </u>	
Add	ł	
Remove		
		in in in the contract of the c
		E. F. STAT

f an amendment proyides for an exchange, reprovisions for implementing the amendment (if not applicable, indicate N/A)	if not contained in the amendment itse	elf:
	NIA	
		:-::::::::::::::::::::::::::::::::::::
		S 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
		in or
		Z A TE

D. If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
•		
(If an eff <u>Note:</u> docum	tive date, if other than the date of filing: (optional)  Tective 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 605.020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a ment's effective date on the Department of State's records.	s the
f the recor	rd 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 led.	•
Dated	rd 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 led.	G. C.
	37 -	; -
	Signature of a member or authorized representative of a member	1 to 20
	Signature of a member or authorized representative of a member  Ricar do Transport State of Signer  Typed or physical page of signer	چڪادي مديث
	Typed or pluted name of signer	

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