## 

(Requestor's Name)
(requestors realite)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



200403532922

12-212-122-01-6-01-6-01-6

7022 819. 28 PM 3: 13

R. HUNT O 3/28/23

## **COVER LETTER**

TO:

Registration Section
Division of Corporations

SUBJECT:	American Con	cierge Service L.L.C.		
<u></u>	Name of Lim	ited Liability Company		
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
		Jorge A Mendoza		
		Name of Person		
	Ame	rican Concierge Service	Э	
		Firm/Company	:	702
	1	900 Liberty Ave #107	ι. 1.	023 E 19 28
		Address		
	Mian	) ( (	PH 3: 13	
		City/State and Zip Code	STA	မှု 💆
	american.co	oncierge.service@gmail	l.com	$\bar{\omega}$
	E-mail address: (	to be used for future annual report	notification)	
For further information co	oncerning this matter, please c	all:		
Jorge A	Mendoza	954	393-9126	
Name o	f Person	at () Area Code Da	ytime Telephone Number	
Enclosed is a check for the	ne following amount:			
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Certificate o Certified Coj (additional copy	f Status & py
Mailing Addres Registration S Division of C P.O. Box 632	Section orporations			
Tallahassee, l			nroe Street, Suite 810	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

American Concierge Service L.L.C. (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 02/13/20 The Articles of Organization for this Limited Liability Company were filed on and assigned Florida document number \_\_\_ L23000080150 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." N/A Enter new principal offices address, if applicable: ت ۔ (Principal office address MUST BE A STREET ADDRESS) įπω N/A 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: N/A New Registered Office Address: N/A 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
		1900 Liberty Ave #107	
<u>AMBR</u>	Jorge A Mendoza	Miami Beach, Florida 33139	<b>X</b> JAdd
			□Remove
			□Change
			🗆 Add
			□Remove
			□ Change
		<del></del>	€GAdd
			Add  Remove
			≓ Change
			i iii iii iii iii ii ii ii ii ii ii ii
			□Remove
			□ Change
		· · · · · · · · · · · · · · · · · · ·	□Add
			🗆 Remove
			□Change
			□Add
			□Remove
			□Change

			•			
					··· -	
					<del>- <u>u,</u></del>	29.23
					] - 	
						2
		<u>.</u>				σ : <del>σ : [</del>
						المسأا
					TAT FL	<del></del>
						<u> </u>
			•			
ective dat	e, if other than the date of	filing:	3/23/2023		_ (optional)	\ D
te: If the d	ate is listed, the date must be speci late inserted in this block does	s not meet the app	licable statutory			
cument's ef	fective date on the Departmen	nt of State's recor	ds.			
ecord specifis filed.	fies a delayed effective date, b	out not an effective	e time, at 12:01	a.m. on the earli	er ot: (b) Th	ic 90th day aft
	March 23	2023	}			
ted	INIGION 40		<u> </u>			
ted						
ted		re of a member or a		<u> </u>		