

L230000139439

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

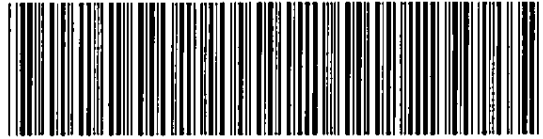
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400421244344

01/12/24--01009--007 **25.00

FILED
2024 JAN 12 PM 2:57
CLERK OF STATE
TALLAHASSEE, FL
1/12/24

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Concierge Referral Realty, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Julio Leonardo

Name of Person

Concierge Referral Realty, LLC

Firm/Company

8130 Glades Rd 296

Address

Boca Raton, Florida 33434

City/State and Zip Code

julioleonardopa@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Julio Leonardo

954
at ()

650-7522

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(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

FILED
2024 JAN 12 PM 2:57
TALLAHASSEE, FL
STATE

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

Concierge Referral Realty, 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 03/20/2023 and assigned
Florida document number L23000139439.

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)

8130 Glades Rd 296

Boca Raton, Florida 33434

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8130 Glades Rd 296

Boca Raton, Florida 33434

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:

Julio Leonardo

New Registered Office Address:

8130 Glades Rd 296

Enter Florida street address

Boca raton

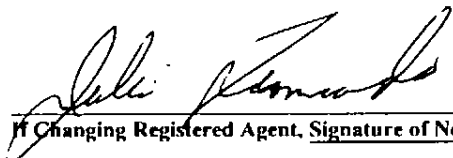
Florida 33434

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>
AR	Minerva Strum	2625 Weston Rd #3	<input type="checkbox"/> Add
		Weston, Florida 33331	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AR	Julio Leonardo	8130 Glades Rd 296	<input checked="" type="checkbox"/> Add
		Boca Raton, Florida 33434	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

RECEIVED
JAN 12 2012
STATE OF FLORIDA
DEPT. OF REVENUE

2024 JAN 12
5:41 PM

FILED
2024 JAN 12 PM 2:33
Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated November 22nd 2023

Julio Leonardo

Filing Fee: \$25.00