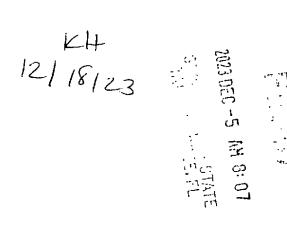
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



400419873854

12/05/25--01915--094 ••25.00



COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Div	ision of Cor	porations	
	LOT CONG	CIERGE LLC	
SUBJECT:		Name of Lim	aited Liability Company
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.
Please returi	n all correspo	ndence concerning this matter	to the following:
		CLIVE MCINTOSH	
			Name of Person
		LOT CONCIERGE LLC	
			Firm/Company
		1125 NW 31ST AVE	
			Address
	X 33311		
			City/State and Zip Code
		CLIVE714@AOL.COM	to be used for future annual report notification)
For further i	nformation c	oncerning this matter, please c	all:
CLIVE MC	INTOSH		954 6969522 CO
	Name o	f Person	Area Code Daytime Telephone Number
Enclosed is	a check for th	ne following amount:	
≡ \$25.00 i	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ Certified Copy (additional copy is enclosed)
	ailing Addres		Street Address: Registration Section
Di	vision of C	Corporations	Division of Corporations
P.0	O. Box 632	27	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LOT CONCIERGE 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 $\frac{08/22/2023}{}$ and assigned Florida document number L23000394303 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 "L.L.C." 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

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

, 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
MANAG	MOHAMED AMINE GHARBI	10066 HILLSIDE BAYOU DR HOUSTON TX 77	080 ≡ Add
			□Remove
MANAG	CLIVE MCINTOSH	1125 NW 31ST AVENUE LAUDERHILL FL 333	11
			□Remove
			Change
			□Add
			Remove
		· 	□AGI ——□Remove
			Remove
			□Add
			□Remove
			□Change
		3331-7-	□Add
			□Remove
			□Change

			· ···
	1		
		_	<u> </u>
			200.3
			DEL
			inco co
			77 9
ffective date, if other than the date of filing:	prior to date of filing or a pplicable statutory fili	(option nore than 90 days after fi ng requirements, this o	nal) ling.) Pursuant to 605.0
record specifies a delayed effective date, but not an effecti l is filed.	ive time, at 12:01 a.m.	on the earlier of: (b)	The 90th day after t
ated NOVEMBER 29 2023			
	authorized representativ	e vi a monther	
		COLATRICITIDE	

Filing Fee: \$25.00