L230003988960

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone #	f)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	·)
(Do	cument Number)	
Certified Copies	_ Certificates c	of Status
Special Instructions to	Filing Officer:	
		RNE
	MAR 2	2 5 2024

Office Use Only



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COVER LETTER

Tallahassee, FL 32314

Registration Section

TO:

Div	ision of Cor	porations		
enmuzer.	Concierge l			
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	ł Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		Andrew McIntyre		
			Name of Person	
		Concierge ES LLC		
			Firm/Company	
		2661 Ravella Lane		
			Address	
		Palm Beach Gardens, FL 3	3410	
		•	City/State and Zip Code	
		info@callcenterconcierge.co	om to be used for future annual report	notification)
For further in	nformation c	oncerning this matter, please ca		,
Andrew Mc	Intyre		561 7625160	
	Name o	î Person	at () Area Code Day	time Telephone Number
Enclosed is:	check for th	ne following amount:		
■ \$25.00 H	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	iling Addres gistration S		Street Address Registration	Section
	vision of C N. Box 632	Corporations	Division of C	Corporations of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CONCIERGE ES 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 <u>08/24/2023</u>	and assigned
Florida document number L23000398896		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
CONCIERGE CX LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" o	r 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	e name of the new registere
agent and/or the new registered office address here:		
N CN D C A		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	da
	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 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
			□Add
			□Remove
			Change
			□Add
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			□Add
			Remove
		<u> </u>	
			□Add
			□Remove
			□Change

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Filing Fee: \$25.00